

Uniform Shop Order Form

Date:	PARENT'S NAME:		Email:		
CHILD'S NAME:		CLASS: PHONE:		:	
to <u>pclau</u>	an only be completed if payment is attniforms@bne.catholic.edu.au. Orders	will be dispatched	on a Wednes	day only.	made.
Qty	Item	Size	Colour	Item Price	Total
Qty	item	Oize	Coloui	item me	Total
				Total Amount	\$
Please	e find enclosed my preferred	payment metho	od and total	<u> </u>	
	dit card \$	<u>, , , , , , , , , , , , , , , , , , , </u>			
Banko	ard: Visa / Mastercard	(circle one)			
Card N	Number				
Name	on Card				
Expiry					
Amount Signature:					