

MOORESTOWN HIGH SCHOOL SCRIP ORDER FORM

NAME: _____ DATE: _____

STUDENT TO CREDIT: _____ PHONE # () _____

Vendor	Value	Type	Qty	Total

Order Totals (Payment must accompany order form)

Release Authorization (Optional) Scrip Due Date and Pick Up Information

By signing below, I authorize Moorestown High School to have the scrip sent home with my child. I understand the school will notify me when the order has been delivered to the student; however, the school is not responsible for loss of scrip once it is delivered to the student.

Orders Due: All Orders must be turned in by Monday at 2:30 p.m. to the school store or main office.

Scrip Pick-Up: Once orders are received, phone calls will be made home indicating availability for pick-up or delivery.

Student Name: _____

Signature of Parent/Guardian _____

Date: _____

Thank You for Supporting Our School!