



# Order Form

Orders must be in by November 16th



Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Phone \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

Item Name/Number	Size	Price	Qty	Total

Submit payment and this form to the Shady Lane School office.

Checks made payable to: Shady Lane School

Questions to Ceal Philipp at: [philcec@sdmfschools.org](mailto:philcec@sdmfschools.org)

**Total**

--