# MOORESTOWN HIGH SCHOOL
# SCRIP ORDER FORM

NAME: DATE:

STUDENT TO CREDIT: PHONE # ( )

| Vendor | Value | Type | Qty | Total |
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| **Order Totals** (Payment must accompany order form) | | | | |

## Release Authorization (Optional)

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.

Student Name:

Signature of Parent/Guardian **Date:**

## Scrip Due Date and Pick Up Information

**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.

**Thank You for Supporting Our School!**