## LRHS BANDS CLUB GROCERY CARD ORDER FORM

Student Name: $\qquad$ Date: $\qquad$
Band (circle one) S C 9th
Parent Name: $\qquad$
Phone: $\qquad$
Total amount: \$ $\qquad$ Check \# $\qquad$ or Cash


* Rebate percentages have been adjusted to cover costs.

Please write a separate check for these cards, payable to: LRHS Bands Club Contact Susan Davis with questions suebee70@outlook.com

