

# PAG ORDER FORM – *Sister Act*

Make checks payable to **PAG**

**Please place in PAG Drop Box in Mrs. Scheirer's Room by Friday, September 13th**

Name \_\_\_\_\_ HR \_\_\_\_\_ Cell \_\_\_\_\_

## Optional Miscellaneous Orders

\$6.00 – Yard Sign ~ Quantity \_\_\_\_\_ Total: \_\_\_\_\_

\$5.00 – Poster ~ Quantity \_\_\_\_\_ Total: \_\_\_\_\_

\$25.00 – Tech Week Dinners (5 meals per child) Total: \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

\$5.00 – Chick-Fil-A Night (October 24th) ~ Quantity \_\_\_\_\_ Total: \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

Check number \_\_\_\_\_

Paid with cash \_\_\_\_\_

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