ISLAND SCHOOL CLOTHING ORDER FORM

SHIP TO:
NAME _____ ADDRESS _____

_____

PHONE # _____

_____

ITEM	COLOR	QTY.	SIZE	PRICE	TOTAL
				TOTAL	

FAX ORDER (609) 895-2093
Attn: Pam Maxey

MAIL ORDER The Cape Eleuthera Island School
P.O. Box 6008
Lawrenceville, NJ 08648
Attn: Pam Maxey
(609) 620-6700 phone

OFFICE USE ONLY

TOTAL **$**_____

SHIPPING **$**_____

GRAND TOTAL **$**_____

CREDIT CARD ORDERS ONLY *Please circle* VISA MasterCard American Express

CARD NUMBER _____

Expiration Date _____/_____ Phone # associated w/card _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____