

Dr. Manuel C. Barreiro Spirit Shirt 2018-2019 T-Shirt Order Form



Student's Name: _____ 2018-2019 Grade: _____

Parent's Name: _____ Phone #: _____

COLOR IS SPECIFIC TO GRADE LEVEL

Sizes please circle ALL sizes needed for student & parent(s)

Toddler: 5T 6T

Youth: XS S M L XL

Adult Crew Neck: S M L XL 2X* 3X* 4X* *Additional Charge

Total Toddler & Youth Sizes: _____ X \$10.00 = _____

Total Adult Crew Neck Sizes S-XL: _____ X \$12.00 = _____

Total Adult Crew Neck 2X: _____ X \$14.00 = _____

Total Adult Crew Neck 3X: _____ X \$16.00 = _____

Total Adult Crew Neck 4X: _____ X \$18.00 = _____

Total Cash Enclosed: _____

Please return this completed form along with payment (CASH ONLY) to the PTO.

Official PTO Use:

Received Initials: _____ Date Received: _____ Amount Received: _____

Delivered Initials: _____ Delivered Date: _____ Delivered To: _____

PLEASE RETAIN FOR YOUR RECORDS

Date ordered & made cash payment: _____

Total number of shirts ordered: _____

Size(s) ordered: _____

EXPECTED DELIVERY DATES

DATE ORDERED BY	EXPECT BY
MONDAY, JULY 2 ND , 2:00 PM	TUESDAY, AUGUST 7 TH
FRIDAY, AUGUST 24 TH , 6:00 PM	FRIDAY, SEPTEMBER 21 ST