


ORDER FORM:

Name: _____


Phone Number: _____

Qty
Ordered Headband Design:

_____ Design 1: 

_____ Design 2:  Headband available in Dark Blue & White
(Specify Color: _____)

_____ Design 3: 

_____ Design 4:  Headband available in Red & Dark Blue
(Specify Color: _____)

_____ Design 5:  Available for any sport
(Specify Sport: _____)

_____ Design 6:  Available for any sport
(Specify Sport: _____)

_____ Design 7:  Available for any sport
(Specify Sport: _____)

Grand Total Due: (\$8 x Number of Headbands) \$ _____

**** Please make checks payable to: Assumption Home & School ****

Enclose the completed form along with payment and return to the School Office or Parish Office marked:

Assumption Headbands
Attn: Debbie O'Neal

If you have any questions, feel free to contact Debbie at (314) 808-3962