## NOTRE DAME SPIRIT WEAR



Parent Name: $\qquad$ Child Name: $\qquad$
Email Address: $\qquad$ Year: $\qquad$

Phone Number: $\qquad$ Homeroom \#: $\qquad$

Credit Card: $\square$ Exp. Date: $\qquad$ CVV\#: $\qquad$ Visa MC Amex

| Item \# | Item Description | Color | Size | Qty | Price Ea |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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[^0]Please return to the Main Office in a sealed envelope NO LATER THAN _11/18/16


[^0]:    Payment is due in full at time order is placed. Checks are made payable to Notre Dame High School.

