



**FRANKLIN SHERMAN
SPIRIT WEAR
ORDER FORM**

NAME: _____

PHONE#/E-MAIL: _____

CHILD'S
NAME/CLASS: _____

	ITEM NAME	SIZE	QTY.	TOTAL PRICE
1				
2				
3				
4				
5				
6				
TOTAL				\$

**Please complete this form and make checks payable to:
Franklin Sherman PTA, and send both to school marked
“Spirit Wear”. Items will be sent home with children.**