Kentucky School for the Deaf
PTCA SPRING FUNDRAISER

SELLER NAME:
SELLER ADDRESS:
SELLER PHONE:
SELLER'S TEACHER:

***** PLEASE MAKE CHECKS PAYABLE TO KSD PTCA**
***** PAYMENT MUST BE SUBMITTED AT TIME OR ORDER**
***** ORDERS WITHOUT PAYMENT WILL NOT BE PROCESSED**

IF MORE THAN ONE SIZE PER ITEM, PLEASE USE MULTIPLE LINES FOR SAME PURCHASER

PURCHASER NAME	PURCHASER ADDRESS	PURCHASER PHONE	ITEM NUMBER	ITEM DESCRIPTION	COLOR	SIZE	PRICE	QUANTITY FOR THIS SIZE	TOTAL PRICE
		TOTALS							