**MacFarlane Park Uniform Order Form**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ORDER UNIFORMS AND SPIRIT ITEMS** |
| **Uniform Options** | **COLOR** | **Youth S**  | **Youth M**  | **Youth L**  | **Youth XL**  | **EACH** | **QTY.** | **TOTAL** |
| Uniform Knit Polo | Green |  |  |  |  | **$14.00** |  |  |
| Uniform Knit Polo | Red |  |  |  |  | **$14.00** |  |  |
| Uniform Dri-Fit Polo | Green |  |  |  |  | **$19.00** |  |  |
| Uniform Dri-Fit Polo | Red |  |  |  |  | **$19.00** |  |  |
| Friday Spirit Shirt | T-Shirt |  |  |  |  | **$12.00** |  |  |
| Friday Spirit Shirt, Kindergarten Only | Kindergarten |  |  |  |  | **$10.00** |  |  |
| IB Car Magnet |  |  |  |  |  | **$5.00** |  |  |
|  |  **TOTAL:**  |

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| **WORDLY WISE VOCABULARY WORKBOOKSRequired for Grades 1-5** |
| **Student Name** | **Grade Level** | **Teacher** | **EACH** |  | **TOTAL** |
|  |  |  | **$10.00** |  |  |
|  |  |  | **$10.00** |  |  |
|  |  |  | **$10.00** |  |  |
| **Sponsor a Student in Need** |  |  | **$10.00** |  |  |
| **Wordly Wise Workbooks Total:** | **$** |

|  |  |
| --- | --- |
| **GRAND TOTAL** | **$** |

CASH, CHECK OR MONEY ORDERS ACCEPTED. Make checks payable to: **MacFarlane Park PTA**
***Notice: $20.00\* fee for all returned checks (\*subject to change without notice if bank fees increase).***

*\*\*Please return the enclosed form along with payment to: MacFarlane Park Elementary, Attn: PTA, 1721 North MacDill Avenue, Tampa, Florida 33607,* ***no later than August 2, 2017****, to ensure processing for Meet the Teacher. You will receive your uniforms in your oldest child’s classroom. Thank you!\*\**

Payment: $ \_\_\_\_\_\_\_\_\_\_\_ Cash Check # \_\_\_\_\_\_ CC In Person Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_

A rtially Filled - Need to Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

artially Filled - Need to Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

artially Filled - Need to Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Partially Filled/Need to Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ordered Filled