



Chieftain Band Scrip Order – Short Form

Retailer	Card Amt	Qty	Total
Total Amount of Order			

Name: _____ Date: _____ Check #: _____

Address: _____

Phone: _____

Pick up at school _____ or send home with: _____ or Mail: _____

Make checks payable to BEHS Band Boosters and write 'Scrip' in the memo section of the check.

Signature: _____

Any questions, call Dave DeVol at 292-3114 or email scrip@chieftainband.org

Find other retailers at <http://www.glscrip.com/>



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