



# OSCEOLA FUNDAMENTAL ATHLETIC BOOSTER CLUB

## Spirit Wear Order Form

Date: \_\_\_\_\_ Name (person placing order): \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted once order is filled? (circle one) Phone / Text / Email / School

Name of Person Picking up Order: \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

Would you like to be included in our Athletic Booster e-mail?  YES  NO

Description	Size	Color	Quantity	Cost	Total
<b>Total:</b>					

Orders will be available at Mrs. Nolan's Office for pick-up. ID will be required to pick up orders.  
Make checks payable to OFHS Athletic Boosters.