



SJE Eagle Wear Order Form

(please fill out and deliver to Mrs. Castile)

Name _____

I will pick up from the office I am taking my order home today

Please send home with _____ Grade _____

| Item | Quantity | Color | Size | Price per item | Total |
|------------------------------|----------|---|---|----------------|-------|
| Men's Short Sleeve T-Shirt | | Navy _____ Silver _____ | Med _____ Large _____ XL _____ 2XL _____ 3XL _____ | \$10.00 | |
| Ladies' Short-Sleeve T-Shirt | | Navy _____ Gold _____ White _____ | Small _____ *can be ordered Med _____ Large _____ XL _____ 2XL _____ | \$10.00 | |
| Long Sleeve T-Shirt | | Navy _____ Silver _____ | Med _____ Large _____ XL _____ 2XL _____ | \$12.00 | |
| Hat | | Navy _____ Khaki _____ — | | \$7.00 | |
| Fleece Jacket | | | Small _____ Med _____ Large _____ XL _____ 2XL _____ | \$25.00 | |
| Mug | | | | \$2.00 | |
| Fan Cup | | | | \$0.50 | |
| Water Bottle | | | | \$5.00 | |
| Can Koozie | | | | \$3.00 | |
| Christmas Ornament | | | | \$1.00 | |
| Grocery Tote | | | | \$1.00 | |
| Push Lights | | | | \$1.00 | |
| Magnetic Frame | | | | \$2.00 | |
| Tissue Packet | | | FREE with Purchase OR | 4/\$1.00 | |
| | | | | TOTAL | |



St. John the Evangelist Catholic School FACTS Deduction Authorization

Event/Purpose Spirit Wear Charge Date _____ Total \$ _____

Submitted By _____ Date _____

FACTS Account Name (Printed) _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I hereby authorize the above amount to be charged to my FACTS account.

Signature _____ Date _____

Entered into FACTS By _____ Date _____ Reviewed By _____ Date _____