

New Horizon School -- PTO

Scrip order form

Name: _____

Phone Number: _____

Date ordered: _____

Please use our retailer list to fill out the order form and submit with payment to any of the school offices.

Name of Store	Scrip denomination (ex. \$10/\$25)	How many	Net amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL AMOUNT ENCLOSED			