SOUTHINGTON CATHOLIC SCHOOL
SCRIP PROGRAM ORDER FORM

NAME: _____ **DATE** _____

CONTACT # OR EMAIL: _____

NAME & GRADE OF CHILD TO BRING HOME ORDER:

_____

or

PARISH RECTORY TO BE PICKED UP AT: _____

RETAILER	$$AMT	QTY	TOTAL OWED

***CHECK PAYABLE TO SOUTHINGTON CATHOLIC SCHOOL H.S.A.**