

# Hair Ribbon Order Form

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Quantity	Base Price	Total
	\$6	
	Subtotal:	
	Tax (8.25%):	
	Grand Total:	

[Note: tax free if ordered prior to September 30<sup>th</sup>]

Payment Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_

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