



Evening Telephone # \_\_\_\_\_

Delivery Type: \_\_\_\_\_ Backpack \_\_\_\_\_ Parent Pickup \_\_\_\_\_ Other  
Amount

Merchant/Store

Committee Use Only

Total \$ \_\_\_\_\_

Payment Type Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Please make out check to:  
Resurrection Catholic School (RCS)  
Please indicate if Scrip is to be credited to someone other than purchasing family.

Family Name \_\_\_\_\_  
Grd./Letter \_\_\_\_\_

School Fund \_\_\_\_\_