

**PTO OFFICE TO COMPLETE**

Received by _____

Date filled _____

Hill-Roberts Apparel Order Form

Cash or checks accepted; checks made payable to *Hill-Roberts Elementary PTO***STUDENT NAME****TEACHER NAME****GRADE****DATE DELIVERED
TO TEACHER**Top portion kept by
PTO for record keeping
and tracking purposes.

SPIRIT WEAR	PRODUCT	SIZE and QUANTITY	PRICE	TOTAL
Hunter Tee Blue with White Lettering		___ AS ___ YM ___ AM ___ YL ___ AL ___ YXL ___ AXL ___ A2XL	\$5.00	
Paws Tee Blue with White Lettering		___ YS ___ AS ___ YM ___ AM ___ YL ___ AL ___ YXL ___ AXL ___ A2XL	\$5.00	
Hunter Hoodies Blue with White Lettering		___ YS ___ YXL	\$10.00	
Hunter Hoodies White with Blue Lettering		___ YS ___ YM ___ YL ___ YXL	\$10.00	
Ball Cap Blue with White Lettering		___ Y ___ A	\$5.00	
Ball Cap Pink with Blue Lettering		___ Y ___ A	\$5.00	
Ball Cap Pink Pony with Blue Lettering		___ Y ___ A	\$5.00	
Hunter Water Bottle		___ Qty	\$2.00	
HRE Car Magnet		___ Qty	\$2.00	
Husky Rubber Bracelet		___ One size fits most	\$1.00	
Vinyl Bag		___ Qty	\$5.00	
	TOTAL NUMBER OF ITEMS		TOTAL AMOUNT DUE/PAID	

CUT HERE
to include with order

Student Name _____ Teacher _____

Contact Info (Phone/Email) _____

Date Ordered _____ Cash or Check # _____