

ORDER FORM

ORDERED BY

NAME _____
 ADDRESS _____

CITY/STATE _____
 ZIP CODE _____

PHONE _____
 EMAIL _____

SHIP TO (if different than Ordered By)

NAME _____
 ADDRESS _____

CITY/STATE _____
 ZIP CODE _____

PHONE _____
 EMAIL _____

DESCRIPTION	QTY	SIZE	COLOR	PRICE	TOTAL
SUBTOTAL					
LESS FACULTY/STAFF 20% DISCOUNT*					
SHIPPING**					
TOTAL					

* Circle WORNALL or LOCUST campus for discount.
 ** \$5 for orders under \$25
 \$10 for orders \$25 - \$100
 \$15 for orders over \$100
 ** NO SHIPPING if picked up at the Sion Shoppe during regular selling hours.

Pick-up name: _____

METHOD OF PAYMENT

Circle one: Check
 Visa
 MasterCard
 American Express

(PLEASE PRINT)

Card Number _____
 Account Expiration Date _____
 Account Name _____
 Account Address _____

Account Phone No. _____

Signature _____

MAIL or FAX ORDER FORM TO :

Sion Shoppe
 Notre Dame de Sion High School
 10631 Wornall Road
 Kansas City, MO 64114-5096
 FAX: 816-942-4052

QUESTIONS ?

Please contact us at
info@sionshoppe.com