

DOHS Band Booster T-Shirt Order Form

Name _____ Phone _____

Email _____

| SIZE | QTY | PRICE | TOTAL |
|-------|-----|-------|-------|
| S | | \$15 | |
| M | | \$15 | |
| L | | \$15 | |
| XL | | \$15 | |
| XXL | | \$17 | |
| TOTAL | | | |

Payment cash check (circle one)

Make check payable to: **DOHS Band Boosters**

Office use: Date: _____ Paid: Cash or Check

Amount _____

RECIPT From: **DOHS Band Boosters**

Name: _____

Date Pd: _____ Amount: _____