



# Uniform Order Form

Student: \_\_\_\_\_ Class/Pastoral Care Group: \_\_\_\_\_

Date: \_\_\_\_\_

Item Description	\$AU/unit	Size	Quantity	Total \$AU
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
			TOTAL	\$AU

## Payment Details

Name		Ph
Email Address		
Payment Type <input type="checkbox"/> Cheque (payable: Roseville College Uniform Store) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card Number		
Name on Card		Exp. Date
Signature		