



ST. ROBERT'S PROFIT

\$

TOTAL ORDER

# CARDS

\$

<input type="text"/>	<input type="text"/>
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### ST ROBERT SCRIP – MONTHLY ORDER AGREEMENT

I am placing the order on the reverse side of this form to be filled on a recurring basis. I understand that this order will be placed on the 2nd Friday of each month. I will be contacted as a reminder to submit payment via check previous to the order submission each month.

If I choose to discontinue this recurring order, I will submit a request in writing to Kathy Wyatt, SCRIP Coordinator.

\_\_\_\_\_  
Authorizing signature

\_\_\_\_\_  
Date

### RELEASE AUTHORIZATION

By signing below, I authorize St. Robert School to send the certificate and/or cards home with my child. I realize the school is not responsible for loss of the scrip once it is delivered.

Student Name:

Homeroom Teacher:

<input type="text"/>	<input type="text"/>
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\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

For questions, please contact Kathy Wyatt at 962-5691, or email: [kpwscrip@gmail.com](mailto:kpwscrip@gmail.com)