Challenge Charter School

Scrip Gift Card Program - Participant Order Form

Student's Name (First & Last) _____ **Telephone No.** _____

Teacher _____ **Grade/Room No.** _____

Please make checks payable to Challenge Charter School.

						Individual Customer Order Totals	
Customer's Name (First & Last)	**Phone No.**	**Item Description/Vendor Name**	**Item Face Value**	**Quantity**	**Amt. Due**	**Total Quantity**	**Total Amt. Due**
Sample - Ginger Rose	*212-123-4567*	*T.J. Maxx*	*$25*	*2*	*$50*	*(leave blank)*	
" "		*Staples*	*$100*	*3*	*$300*	*(leave blank)*	
" "		*Albertsons*	*$100*	*2*	*$200*	*(leave blank)*	
Please calculate each customer's Order Totals in the last two columns.			***Sample - Ginger Rose Total Purchase:***			*7*	*$550*
Order/Page Totals (Please double check totals and verify correct payment. Thank you!)							

By signing below, I give permission for my child to bring the gift/shopping cards and certificates home from school. Challenge Charter School is not responsible for damaged, lost or stolen cards/certificates.

Parent/Guardian's Signature: _____ Date: _____