SCSC Merchandise Order Form

Name _____

Address _____

Address _____

State _____ Zip _____

Phone _____ E-Mail _____

Item Number	Description	Color	Size	Quantity	Price Each	Total
9917	*Sample Item*	*Blue*	*XXL*	*2*	*28.00*	*56.00*

Merchandise Total	
Amount Enclosed	

Please allow 2 weeks from time of order. You will be contacted to arrange pick up or delivery when your order arrives.

Please fill out and mail this form with your check payable to SCSC to:

SCSC-Judy Zolldan
2724 Itasca Ave So
Lakeland, MN 55043