

Fort Zumwalt West Band Boosters
Weekly Scrip Order Form
 Revised 1/7/2010

Person Ordering: _____ Date: _____

Student(s) to credit Net Proceeds: _____ (&) _____

Home Phone #: _____ **Cell #:** _____ **e-mail:** _____

Scrip Delivery: _____ I will pick-up _____ Mail regular 1st Class Mail to:

_____ Send it home w/student _____

Instructions:

1. Select the Retailers you wish to buy scrip from. If you need to check restrictions go to www.glscrip.com
2. Fill in the retailers name and number of scrip you want for each denomination. If you want more than one denomination for the same retailer please use two lines.
3. For each line total the gross amount. No other columns should be filled out.
4. At the bottom total the "Gross Amount" make check payable to: **FZW Band Boosters**
5. Send order to school, mail it / drop it off to: Connie Krull / FZW Scrip
 2307 Hidden Deer Dr O'Fallon, MO 63368

Orders must be received by **3 pm** on Sunday. Questions: 240-5540

Retailer	Quantity	Denominations	Gross Amt	FOR OFFICE USE ONLY		
				%	Net Earned	
Example Store	5	\$10	\$50			
Example Store	1	\$25	\$25			
Write a check to FZW Band Boosters			For this amount: \$75			

ADD A SECOND PAGE IF MORE ROOM IS NEEDED

Retailer	Quantity	Denominations	Gross Amt	FOR OFFICE USE ONLY		
				%	Net Earned	
Scrip should be treated as CASH			Write check: FZW Band Boosters For the Gross Amount - - - >			