SCSS BAND SCRIP ORDER FORM
2008-2009

Due 14th and 29th of each month

Name of Student: _____

Name of Parent: _____

Email address of Parent: _____

Phone Numbers: _____ **Home:** _____

Cell: _____ **Office:** _____

Name of retailer or store	Denomination $amount$	Number requested	Total amount due

Total Amount Due: _____

Checks payable to SCSS Band Boosters **Check No:** _____

Date: _____

Program Coordinators

Sherry Feehs
8506 Newtowne Ct.
Lorton, VA 22079
jcmmom@cox.net 703-495-0123

OR

Susan Dilbeck
9508 Oak Stream Ct.
Fairfax Station, VA 22039
dbecks@cox.net 703-690-3184

******During school year, drop orders and checks in band room. During summer break, mail or drop off orders and checks to either Sherry Feehs or Susan Dilbeck.******

List of retailers available at http://www.scssbands.org/forms/band/GLSCProductList.pdf

Several families have earned over $300 to their Student's Account with scrip in one year. 80% of the listed percentage goes to your Student's Account.