



The St. Maurice Parent Guild Presents:

The Jingle Bell Shop

Jingle Bell Shop **Order Form**

Friday December 6th
Drop in between 6:00- 7:30pm

First Name: _____ Last Name _____

**Please fill out the adult's name to appear on gift tag,
For example Mom, Dad, Grandma, Grandpa etc. and indicate male or female.**

Adult Name- _____ (please circle) Male Female

Adult Name- _____ (please circle) Male Female

Adult Name- _____ (please circle) Male Female

Adult Name- _____ (please circle) Male Female

Adult Name- _____ (please circle) Male Female

Adult Name- _____ (please circle) Male Female

Please fill out name to appear on gift tag, age and gender for each sibling gift:

Sibling -name _____ age (_____) (please circle) Male Female

Sibling -name _____ age (_____) (please circle) Male Female

Sibling -name _____ age (_____) (please circle) Male Female

Sibling -name _____ age (_____) (please circle) Male Female

Total Gifts _____ x \$3 \$_____ **payment submitted**

Please submit order form and payment either cash or cheque made payable to St. Maurice Parent Guild by **Thursday, November 28th** to your child's teacher.

One Order Form Per Student Shopper

