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ORDER FORM: Please complete this form (print clearly) and return with payment directly to Mr. Miller in B-16 by **Friday October 4**. All checks must be payable to Brooklawn Middle School.

Student Name: _____

Grade: _____ **H.R. Teacher:** _____

Please indicate quantity in each size below:

Youth Medium _____

Youth Large _____

Adult Small _____

Adult Medium _____

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TOTAL QUANTITY = _____ x \$15.00 = \$ _____ .00

(Please make all checks payable to Brooklawn Middle School)