MARLBOROUGH PTFS SCRIP ORDER FORM

Please Print							
Last Name, First Name		Student's name		Student's tea	Student's teacher		
Street Address		City, State, Zip					
Email Address		ı					
Contact Phone #	2nd Conta	act Phone #					
RETAILER NAME				QTY OF CARDS	DENOMINATION	TOTAL AMOUNT	
Delivery Method Preference:		Regular Mail (add \$2.00 for shipping) Send home with Student			TOTAL # OF CARDS Mailing Fee (if applicable)		
					TAL AMOUNT DI		
PTFS USE ONLY Date Received Order Confirmed (Initials)			Check # Amount		-		
Program Rules and Guidelines All orders must be paid in full prior to check is returned for non-sufficient fu money order or cash only. Scrip cer open and verify it for accuracy. You the address indicated above. Please be handled accordingly. The Marlbo possession. My signature below ack	o ordering. Scr unds, you will b tificates are pu r order will be s e choose your prough PTFS w	oe charged a \$25 fee paya rrchased on your behalf an sent home with your child o delivery preference above. rill not be responsible for S	ble to Marlborough PT d are not returnable. V during the following we You understand that crip certificates that ar	FS and your order When you pick up eek after order plac Scrip certificates a e lost, stolen or mi	ing privileges will or receive your S ement or it can b are the same as c	be limited to crip certificates, e mailed to eash and should	
Signature					Date		