

Date: _____

Order No: _____

Castletown Primary School Uniform Order Form

Name of Child: _____

Rm No: _____

Year _____

Name of Parent: _____

Phone No: _____

STANDARD ITEMS		PRICE	SIZE & QTY				TOTAL PRICE
	Polo Shirt Sizes 2-16 (Size 2 Red Only) <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue	\$ 21.00	Size				
			Qty				
	Polo Long Sleeve Shirt Sizes 4-16 <i>CLEARANCE PRICE!!!</i>	\$ 21.00	Size				
			Qty				
	Zip Fronted Red Cardie/Jumper Sizes 4-16	\$ 33.00	Size				
			Qty				
	Rugby Jumper Red Fleece (Button Collar) Limited Sizes <i>CLEARANCE PRICE!!!</i>	\$ 27.00	Size				
			Qty				
	Windcheater/Sports Jacket Size 4-16	\$ 42.00	Size				
			Qty				
	Fleece Track Pants –Black Sizes 2--14 (sz 2-8 dbl knee)	\$ 25.00	Size				
			Qty				
	Microfibre Track Pants – Black Sizes 6-14	\$ 26.00	Size				
			Qty				
BOYS	Unisex Shorts Sizes 4-16	\$ 15.00	Size				
			Qty				
	Double Kneed Trousers – Black Size 4-12	\$ 20.00	Size				
			Qty				
	Cargo Shorts – Black Size 4-16	\$ 20.00	Size				
			Qty				
GIRLS	Active Pants – Black Size 4-14	\$ 25.00	Size				
			Qty				
	Red Tartan Skirt Size 4-16	\$ 33.00	Size				
			Qty				
	Skort – Black <i>LIMITED SIZES</i> Size 4-14 <i>CLEARANCE PRICE!!!</i>	\$ 20.00	Size				
			Qty				
MISC	Bucket Hat with Logo Size S M L	\$ 13.00	Size				
			Qty				
	Surf Hat with Logo Size S M L	\$ 13.00	Size				
			Qty				
	Microfibre Hat with Logo Size S M	\$ 15.00	Size				
			Qty				
	Black tights <i>Under skirts ONLY</i> Size 4/6, 7/10, 11/14	\$ 12.00	Size				
			Qty				
	Bike Shorts Size 4-16	\$ 12.00	Size				
			Qty				
Preloved Items - Price on Application			Qty				
Sub Total						\$	
EFTPOS Charge		1.5%	EFTPOS Total				
Name Tags go to www.brightstarkids.com.au Nominate Castletown Primary School.						TOTAL	\$

The Uniform Shop is open Tuesday 2:30-3:10pm and Thursday 8:30 to 9am.

Orders and exact amounts owing can be left at the canteen any morning or office.

Items will not be supplied without full payment. Any queries, please contact uniformshop.cps@outlook.com or Hazel 0409 642 935

Credit Card Payment Visa Mastercard Name on Card: _____

Card Number: _____ Card Exp Date _____

Signature: _____ **\$1 EFTPOS Charge** Amount \$ _____

Date	Payment Method	Supplied Date	Amt Paid	Receipt Number