ST. JOHN PAUL II
CHRISTMAS COUNTRY STORE
ORDER FORM

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

ITEM #	DESCRIPTION	COLOR	QTY	UNIT PRICE	TOTAL

TOTAL ITEMS__ _____ TOTAL AMOUNT _____
I WILL PICK UP AND PAY FOR MY ITEMS ON
11/7-8 _____ 12/ 5-6_____

Cash or Credit Cars accepted on day of pick up.
DO NOT POST CREDIT CARD # ON ORDER FORM.
IT IS NOT SECURE