



Uniform Order Form

Student: _____ Class/Pastoral Care Group: _____

Date: _____

Item Description	\$AU/unit	Size	Quantity	Total \$AU
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
			TOTAL	\$AU

Payment Details

Name		Ph
Address		
Payment Type	<input type="checkbox"/> Cheque (payable: Roseville College Uniform Store) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number		
Name on Card		Exp. Date
Signature		