

Order Form or Purchase in the office

Child's Name _____

Teacher _____

Please include cash or checks payable to Showell Elementary School.



White Showell Sock:

Size	Price	How Many
Y	\$8	
AS	\$10	
AM	\$10	
AL	\$10	
AXL	\$10	



Blue Showell Sock:

Size	Price	How Many
Y	\$8	
AS	\$10	
AM	\$10	
AL	\$10	
AXL	\$10	