

KROGER GIFT CARD ORDER FORM

DATE _____

FAMILY I.D. # _____

(Office use only)

Student Name _____ Fall Sport _____

Student I.D. # _____ Winter Sport _____

Graduation Year _____ Spring Sport _____

Student Name _____ Fall Sport _____

Student I.D. # _____ Winter Sport _____

Graduation Year _____ Spring Sport _____

Student Name _____ Fall Sport _____

Student I.D. # _____ Winter Sport _____

Graduation Year _____ Spring Sport _____

Student Name _____ Fall Sport _____

Student I.D. # _____ Winter Sport _____

Graduation Year _____ Spring Sport _____

Father's Name _____ Phone # _____ e-mail _____

Mother's Name _____ Phone # _____ e-mail _____

Guardian's Name _____ Phone # _____ e-mail _____

of cards Purchased: _____ x \$5.00 = _____

Cash _____ Check # _____

By signing this document, _____, acknowledges that they fully

(Please Print Parent(s) Name)

understand and agree to follow all aspects of the LEHS Athletic Dept. Fundraiser as outlined within the LEHS Athletic Participation Fee Fundraiser Overview.

Signature: _____ Date: _____

Signature: _____ Date: _____