

St. Roman's Scrip Program / Order Form

RETAIL STORES	AMOUNTS	%	QTY	TOTAL \$	REC'D
American Eagle	\$25	9%			
Barnes & Noble / B Dalton	\$10 25	9%			
Bath and Body Works	\$10 \$25	13%			
Bed Bath and Beyond	\$25	7%			
Best Buy	\$25 \$100	2%			
Blockbuster Gift Card	\$10	7%			
Borders / Waldenbook's	\$10 \$25	9%			
Boston Store / Younker's	\$25 \$100	8%			
Cabela's	\$25	11%			
Claire's	\$10	9%			
CVS/pharmacy	\$25	6%			
Disney Store	\$25 \$100	2%			
Fashion Bug/Lane Bryant/Petite Sop.	\$25	6%			
Gander Mountain	\$25	8%			
Gap/Old Navy/Banana Republic	\$25	9%			
Home Depot	\$25 \$100 \$500	3%			
I-Tunes	\$15	4%			
JCPenney	\$100	5%			
JoAnn Fabrics	\$20	6%			
Lowe's	\$25 \$100 \$500	4%			
Menard's	\$25 \$100	3%			
Michael's	\$25	4%			
Office Depot	\$25	4%			
Office Max	\$25	5%			
Payless Shoes	\$20	13%			
Sear's	\$25 \$100	4%			
Shoe Carnival	\$25	5%			
Sports Authority	\$25	8%			
TJ Maxx/Marshall's/AJ Wright	\$25	7%			
Toy's-R-Us/Babies-R-Us	\$20	2%			
Trade Secret/Regis Salons	\$25	8%			
Walgreen's	\$100	6%			
Walmart	\$25	2%			
Walmart	\$100 or \$250	2%			

RESTAURANTS	AMOUNTS	%	QTY	TOTAL \$	REC'D
Applebee's	\$25 \$50	8%			
Arby's	\$10	8%			
Aunt Annies	\$10	8%			
Baskin Robbins	\$2	9%			
Boston Market	\$10	12%			
Buca Di Beppo	\$25	8%			
Burger King	\$10	4%			
Champp's	\$25	5%			
Cheesecake Factory	\$25	5%			
Chili's / Maggiano's Little Italy	\$25	11%			
Chipotle Mexican Grill	\$10	10%			
Chuck E Cheese	\$10	8%			
Cold Stone Creamery	\$10	8%			
Cousins's	\$10	9%			
Cracker Barrel	\$10	9%			
Denny's	\$10	7%			
Dunkin Donuts	\$10	4%			
Hard Rock Café	\$25	8%			
KFC	\$5	9%			
Landry's	\$25	9%			
Long John Silver's	\$5	8%			
Noodles & Company	\$10	8%			
Outback Steakhouse	\$25	5%			
P.F. Chang's	\$25	7%			
Panera Bread	\$10	9%			
Papa John's	\$10	8%			
Pizza Hut	\$10	8%			
Qdoba	\$25	7%			
Red Lobster / Olive Garden	\$25	9%			
Red Robbin	\$25	9%			
Starbucks	\$10 \$25	7%			
Texas Roadhouse	\$25	8%			
TGI Friday's	\$25	9%			
Wendy's	\$10	4%			

Pg. 1 Total:

- 1) Please fill in the quantity for each card you want to purchase.
- 2) Total up all your purchases on the reverse side and provide delivery information on how you want to receive your purchases.
- 3) Deliver your order to the School Office or through your child's classroom by Monday 8 AM - orders can be picked up on Thursday at the Scrip counter or will be delivered to your child on Friday (depending on which choice you select)
- 4) For a complete listing of available vendors see www.alscrip.com

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ITEMS IN "STOCK"	AMOUNTS	%	QTY	TOTAL \$	REC'D
CHANCERY	\$5	20%			
CULVER'S	\$5	10%			
	\$10				
JCPENNEY	\$25	5%			
KOHL'S DEPT. STORE	\$25	4%			
	\$100				
MARCUS CORPORATION	\$5	7.5%			
MOBIL/EXXON	\$50	1.5%			
SUBWAY	\$10	3.0%			
SPEEDWAY/SUPER AMERICA	\$25	4%			
	\$50				
	\$100				
WALGREEN'S	\$25	6%			
GAS	AMOUNTS	%	#	TOTAL	REC'D
BP	\$50	2%			
	\$100				
Kwik Trip	\$20	4%			
	\$100				
Marathon	\$25	3%			
	\$100				
Shell	\$25	1.5%			
	\$50				
	\$100				
Auto Zone	\$25	5%			
MISC. VENDORS	AMOUNTS	%	#	TOTAL	REC'D
Best Western International	\$25	12%			
Comfort Inn	\$25	6%			
Marriot Hotels	\$50	12%			
	\$100				
Piggy Wiggly	\$25	3%			
	\$50				
	\$100				
Sentry	\$10	3%			
	\$50				
Other vendors may be available but are not listed - visit www.alscrip.com for a complete listing of available vendors. Use the blank spaces below to fill in orders for these vendors.					

Pg. 1 Total:	
Pg. 2 Total:	
Grand Total:	

Name: _____ **Date:** _____

Phone: _____

Please circle one of the following:

General Parish Religious Ed. Tuition (family name): _____

Orders placed by Monday 8 AM will be available as follows (select one):
 _____ I will pick up this order at the Scrip Counter (on Thursday or after)
 _____ I authorize this order to be sent home from school on Friday with my child

**** Please complete the following information if you want delivery ****

I do hereby grant permission for _____ (child's name) in _____ (room#/teacher) to take this scrip order from school and deliver it home. I agree and understand that the school will not be held responsible for any gift certificate which may be lost or stolen during the transportation of this order from school to home.

x _____ (parent/guardian signature)

Payment may be made by cash or check made payable to St. Romans Scrip
 Questions? Contact Leanne Kendzierski at 282-0289 or Kim Welch at 383-9678 (or visit www.glscrip.com)

OFFICE USE ONLY	
Amount Received:	
Check Number/Cash:	
Sellers Initials:	
Date Order Filled:	/
Buyers Initials:	