

EMERGENCY KIT ORDER FORM
One time purchase for all years at CHAMPS
(If you already purchased a kit, there is no need to purchase another)

Student's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Your Name: _____

Student Survival Kit: (\$20.00 each, includes tax)

Quantity: _____ Total Cost: _____

If you would like to order more to be kept at your home, car, work, etc., you are able, just state how many you would like and include them in the total. If you would like to purchase extras for any students who are financially impacted please indicate how many and CHAMPS will be sure they are provided to qualifying students

Thank you.

OFFICE USE ONLY

Student Paid by:

Check: # _____

Money Order: # _____

Cash (please give receipt)

Administrators Initials: _____