

YEARBOOK ORDER FORM

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The yearbook will be printed in full color!

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OR

Complete this form and return it to the yearbook box in the HS office.

Student's Name:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Parent/Guardian's Name:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Address:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

City: |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| State: |_____|_____| Zip: |_____|_____|_____|_____|

Phone number: |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Email: |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Grade: 9 10 11 12 Faculty / Staff

Spartan Yearbook: \$55 _____

Yearbook with photograph and name on cover: \$60 _____

(This option is only available if you had your photograph taken with H&I. Name will appear as printed above.)

Total enclosed: _____

Method of Payment: Cash Check / Money Order

Please return this form and make checks payable to:

Scituate High School Yearbook
ATTN: Erica Tonsgard
94 Trimtown Road
North Scituate, RI 02857

