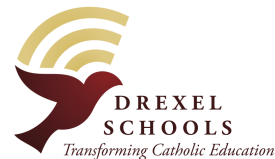




# Saint Patrick School



Celebrating 94 Years in Education – 34<sup>th</sup> Annual Jog-a-thon “Paddy’s Run”

## T-Shirt Order Form – Due Friday, Sept 6<sup>th</sup>

On October 11<sup>th</sup>, St. Patrick School will host their 34<sup>th</sup> annual Jog-a-thon to raise money to support our school. Each year, a new Jog-a-thon T-shirt is released based on the design of one of the students. The Jog-a-thon T-shirt is worn the day of the Jog-a-thon and may be used as a P.E. uniform shirt up until the following year’s Jog-a-thon when the shirt is retired. **All past years’ Jog-a-thon shirts will be retired on October 11<sup>th</sup> and can no longer be used as a P.E. uniform.**

### Instructions:

1. In the “Student /Staff T-Shirt” section, write in your child’s full name and grade. Refer to size chart below to select the correct size. Place an “X” in the box of the size that you would like to have ordered. These T-shirts will be sold at \$7 each with a limit one T-shirt per registered student. The cost of extra T-shirts or **late orders will be \$10/each**.
2. Extra T-shirts for parents or other family members can be ordered for \$10/each.
3. **You will be billed on TADS for the total amount due by Sept 25<sup>th</sup>.**
4. Each family’s T-shirt order will be sent home on Wednesday, October 9<sup>th</sup>.

### Size Chart

Size	Youth Small	Youth Medium	Youth Large	Youth XL	Adult Small	Adult Medium	Adult Large	Adult XL	Adult XXL
<b>Chest Width</b>	17”	18”	19”	20”	18”	20”	22”	24”	26”
<b>Body Length</b>	22”	23.5”	25”	26.5”	28”	29”	30”	31”	32”

### STUDENT/STAFF T-SHIRT ORDERS (Cost \$7/each)

Name	Grade	YS	YM	YL	YXL	AS	AM	AL	AXL	AXXL
1.										
2.										
3.										
4.										

### EXTRA T-SHIRT ORDERS (Cost \$10/each)

	YS	YM	YL	YXL	AS	AM	AL	AXL	AXXL
5.									
6.									
<b>TOTAL (Add lines 1-6)</b>									

# of Student T-shirts \_\_\_\_\_ x \$7/shirt = \$ \_\_\_\_\_

# of Extra T-Shirts \_\_\_\_\_ x \$10/shirt = \$ \_\_\_\_\_

**Total Amount (Payable on TADS) : \$ \_\_\_\_\_**

I authorize St. Patrick School to charge the above amount to my TADs account. I understand that the payment must be made by **September 25, 2019** to receive my order.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Date Rec’vd: _____ <input type="checkbox"/> TADS _____ <input type="checkbox"/> Other – Specify _____
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