I would like to purchase \_\_\_\_\_ $100.00 coupon book(s)

I would like to purchase \_\_\_\_\_ $50.00 coupon book(s)

I would like to purchase \_\_\_\_\_ $30.00 coupon book(s)

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_

Parents Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I the parent or guardian will pick up the coupon book(s) at 12 E Fairview Ave
* I give permission for my child to pick up the coupon book(s) and sign for it. **I will not hold VSCA or VSCA’s PSP responsible for missing coupon book once it is signed for.**

**PLEASE NOTE THAT THESE BOOKS HAVE A CASH VALUE AND THEY ARE TO BE PUT IN A SAFE PLACE. THEY WILL NOT BE REPLACED IF LOST.**

I would like to purchase \_\_\_\_\_ $100.00 coupon book(s)

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Parents Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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