

Locker Shelf Order Form

Student Name _____ Grade _____

Locker Number _____ HS Building or Elem. Building

* Please circle above.*

Parent Name _____ Phone _____

Shelves will be placed in the locker. Please allow 1 week for delivery. *These shelves are made by a CCS parent. (*PLEASE Make checks payable to Larry Shropshire.)* **Locker shelves are \$30 each.** Please fill out ONE form for EACH locker. *(You may write one check if ordering more than one, but please fill out one form for each order.)*