



# ST JOSEPH'S CATHOLIC HIGH SCHOOL P&F ASSOCIATION

16 Macquarie St, Albion Park NSW 2527  
 PO Box 130, Albion Park NSW 2527  
 Tel: (02) 4230 8500  
 Fax: (02) 4256 5793  
 Email: info@sjchs.dow.catholic.edu.au

## Junior Boys Uniform Order Form

Students Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Date: \_\_\_\_\_

Item	Size required	No #	Price	Total
Short Sleeve Shirt			\$40.00	
Navy Shorts			\$53.00	
Navy Trousers			\$56.00	
Blazer			\$179.00	
Jumper (Size 10-16)			\$65.00	
Jumper (Size 18-22)			\$74.00	
Jumper (Size 24-28)			\$81.00	
Tie			\$21.00	
Belt			\$27.50	
Socks			\$6.00	
Sport T-Shirt			\$32.00	
Sport Shorts			\$36.00	
Tracksuit Jacket			\$58.00	
Tracksuit Pants			\$42.00	
Cap			\$11.50	
Scarf			\$14.00	
Gloves			\$6.50	
			<b>Total Due:</b>	

**Please complete and attach the Authority for Payment by Credit Card Form**



# ST JOSEPH'S CATHOLIC HIGH SCHOOL

16 Macquarie St, Albion Park NSW 2527  
PO Box 130, Albion Park NSW 2527  
Tel: (02) 4230 8500  
Fax: (02) 4256 5793  
Email: info@sjchsdown.catholic.edu.au

## AUTHORITY FOR PAYMENT BY CREDIT CARD

NEW REQUEST

ALTERATION

CANCELLATION

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Student(s) Full Name: \_\_\_\_\_

I wish to use my **Credit Card** for the payment of school uniforms to **St Joseph's Catholic High School, Albion Park P & F Association** (the merchant). I hereby authorise the merchant to debit my Card Account with the amount specified below.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the school (merchant) in writing of its cancellation.

### PLEASE COMPLETE ALL DETAILS BELOW

Payment Amount: \$ \_\_\_\_\_

Payment Date: \_\_\_/\_\_\_/\_\_\_

Cardholder Name (as appears on card): \_\_\_\_\_

Type of Card (circle)      **MasterCard**      **Visa**

Card Expiry Date: \_\_\_/\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Card Number:

CVV: