

**Cab Calloway School of the Arts PTSO
BOSCOV'S 25% OFF SHOPPING PASS
Order Form**

Event: Shopping at Boscov's on Oct 17th

Name(s) : _____

Address: _____

City: _____ **State** _____ **Zip** _____

Home Phone: _____ **Cell:** _____

Email: _____

(one email per form please)

of Boscov's coupons @\$5 each: _____

Total \$\$ enclosed: _____

Cash or check accepted: Checks made out to CCSA PTSO

Please mark how you would like to receive your tickets:

School through student (include name): _____

Pick up in School Office: _____

Submit order form to box on main office counter or mail:

Cab Calloway School of the Arts

100 N. Dupont Road

Wilm, DE 19807

"Attn: Jeni Rolison" should be written on every envelope.

Questions/Comments? email: JeniRolison@yahoo.com