## Yearbook Order

## \$25 per book

## **DUE APRIL 25**

Student name(s):	Grade(	(s):
Statement Regarding FAC	TS Billing	
from FACTS when the charge h	FACTS account. You will receive a has been posted. To minimize the abl office, our strong preference is to.	mount of cash and
incidental billing for this event .	Ambrose Catholic School to bill my FACT  Number of yearbooks	
	Signature of authorized FA Printed name	C 1 S customer
Date		
\$ Amount		
If declined, please return a chec	ck or cash in the amount above made out	to St. Ambrose School.