



Gloves & Socks Order Form 2024

Student Name: _____

Parent Name: _____

Email: _____

Phone Number: _____

White Gloves

Sizes	QTY		Amount	Total
4-7	_____	X	\$8.00	_____
8-12	_____	X	\$8.00	_____
13-16	_____	X	\$8.00	_____
Adults	_____	X	\$10.50	_____

Black Gloves

Sizes	QTY		Amount	Total
4-7	_____	X	\$8.00	_____
8-12	_____	X	\$8.00	_____
13-16	_____	X	\$8.00	_____
Adults	_____	X	\$10.50	_____

White Ruffle Socks

QTY	Amount	Total
_____ X	\$8.00	_____

White Crew Socks

QTY	Amount	Total
_____ X	\$8.00	_____

Total Amount Paid _____

ALL ORDERS SHOULD BE PLACED AT MCKEON'S BY April 30, 2024