

# Return/Exchange Form



**Saint Charles  
 Catholic School**

Parent or Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Return

Item #	Description	Size	Qty	Price	Total

Sub total \$ \_\_\_\_\_  
 5% GST \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

## Exchange

Item #	Description	Size	Qty	Price	Total

Sub total \$ \_\_\_\_\_  
 5% GST \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

I certify that the clothing exempted on this sale is being purchased for a child under 15 years of age and the information provided is true and correct  _____ Signature	Payment method: Cash___ Debt___ Visa___ M/C___ Card # _____ EXP ___ / ___ 3 Digit CVV (on back of card) _____ Name on Card _____	Return \$ _____ Exchange \$ _____ Total owing \$ _____ Total credit \$ _____
	Please contact your uniform coordinator: Erika Nickel Ph: 204-832-0145 enickel@mymts.net	Special notes: _____ _____ _____