

FIRST COMMUNION ORDER FORM

NAME: _____ PARISH: _____
TEL#: _____ ADDRESS: _____
EMAIL: _____ TOWN: _____
FAX#: _____ STATE: _____ ZIP CODE: _____

FIRST COMMUNION DATE: _____
DISTRIBUTION DATE: _____

PLEASE CHECK THE STYLE OF ROBE: _____

RENTAL HOLY CROSS GOWN:
(GOLD CROSS)

BOYS* _____
GIRLS* _____

RENTAL GOLD STRIPE GOWN:

BOYS* _____
GIRLS* _____

RENTAL ALL WHITE GOWN:

BOYS* _____
GIRLS* _____

RETAINABLE *ALL* WHITE GOWN;

BOYS* _____
GIRLS* _____