# TOMBALL ISD PROJECT SHOW & SALE
## ADD ON CONFIRMATION
## (PLEASE PRINT)

Buyer/Company Name _____

Contact Name _____

Buyer ID Number (If registered): _____

Billing Address (If NOT registered):

Street_____

City _____State_____ Zip _____

Phone: _____ Cell: _____

Email: _____

TOTAL PER STUDENT (if all equal): _____ TOTAL AMOUNT GIVEN: _____

Students receiving Add Ons: (Fill out each amount if each student is different)

| **Student Name:** | **Amount** | **Student Name:** | **Amount:** |
|---|---|---|---|
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

☐ Bill (minimum $250) ☐ Cash ☐ Check#_____

☐ Credit Card (payment with _____ sale sheet if paying multiple bills)

**I agree that by signing this purchase confirmation, I will follow all the rules that govern the TISD Project Show and pay for the above purchase.**

**Authorized Signature** _____

A 10% commission is deducted by Tomball ISD FFA so that students can maintain and improve their facilities.


# TOMBALL ISD PROJECT SHOW & SALE
## ADD ON CONFIRMATION
## (PLEASE PRINT)

Buyer/Company Name _____

Contact Name _____

Buyer ID Number (If registered): _____

Billing Address (If NOT registered):

Street_____

City _____State_____ Zip _____

Phone: _____ Cell: _____

Email: _____

TOTAL PER STUDENT (if all equal): _____ TOTAL AMOUNT GIVEN: _____

Students receiving Add Ons: (Fill out each amount if each student is different)

| **Student Name:** | **Amount** | **Student Name:** | **Amount:** |
|---|---|---|---|
| 1. | | 6. | |
| 2. | | 7. | |
| 3. | | 8. | |
| 4. | | 9. | |
| 5. | | 10. | |

☐ Bill (minimum $250) ☐ Cash ☐ Check#_____

☐ Credit Card (payment with _____ sale sheet if paying multiple bills)

**I agree that by signing this purchase confirmation, I will follow all the rules that govern the TISD Project Show and pay for the above purchase.**

**Authorized Signature** _____

A 10% commission is deducted by Tomball ISD FFA so that students can maintain and improve their facilities.