



NHDS KIPPAH

ORDER FORM



Please Return Completed Form to the School Office (*North or South*)

Last Name: _____ **First Name:** _____

Tel.: _____ **E-mail:** _____

QUANTITY

\$12 x _____

OPTIONS

Royal Blue Kippah

Grey Kippah

PAYMENT INFORMATION

Cheque payable to "Netivot HaTorah Parents' Association"

Cash

Total Amount Enclosed : _____