

Westmont Hilltop School District
827 Diamond Boulevard
Johnstown, Pennsylvania 15905

Book Deposit

Name _____

Address _____

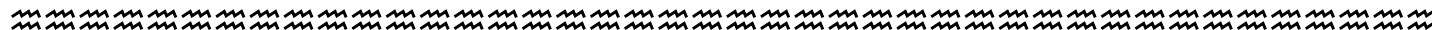
Home Phone _____

Book Title	Book Number	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All books are subject to a \$10 per book deposit, which will be refunded upon return of the books.

Signature _____

Date _____



Date of Payment _____

Total Amount Paid _____

Signature of Person Receiving Payment _____