

NAME _____

ADDRESS _____

PHONE# _____ FAX# _____

DATE _____ QUANTITY _____

COMPLETION DATE _____

ITEM TO BE SCREENED _____

INK COLOR _____

SPECIAL INSTRUCTIONS _____



SHIP TO: _____

SHIRT COLOR	ADULT							SHIRT COLOR	YOUTH		
	S	M	L	XL	XXL	XXXL	XXXXL		S	M	L

I HAVE REVIEWED THIS ORDER FORM AND IT IS CORRECT X _____

COST _____ @ _____ = _____

INK CHANGE _____

ART CHARGE _____

MONOGRAM _____

SCREEN CHARGE _____

NUMBERS _____

RUSH CHARGE _____

TOTAL COST _____

FRONT

BACK

