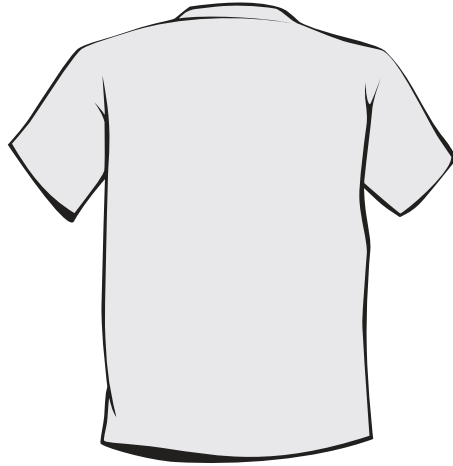


Bill to:	Ship to:



Additional Notes

 Design Size _____
 Location _____
 center, left side, etc.

 Design Size _____
 Location _____

Front Colors
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Back Colors
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

3rd Loc. Colors
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Item#	Item Description	Color	ADULT					YOUTH					
			sm	me	lg	xl	xxl	xxxl	ysm	yme	ylrg	yxl	

UPS: <input type="checkbox"/>	GROUND <input type="checkbox"/>	NEXT DAY AIR EARLY AM <input type="checkbox"/>	NEXT DAY AIR <input type="checkbox"/>	2ND DAY AIR EARLY AM <input type="checkbox"/>	2ND DAY AIR <input type="checkbox"/>	3 DAY SELECT <input type="checkbox"/>
Ups # _____		Use Your Acct # <input type="checkbox"/>				BLIND SHIP: <input type="checkbox"/>
		Residential <input type="checkbox"/>			Commercial <input type="checkbox"/>	