



WEARABLE ORDER FORM

Mail orders to: Corporate Graphic Solutions at 2750 Foundation Dr., Suite 300, South Bend, IN 46628

Parent's Name: _____ Player's Name: _____

Billing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Optional:

Last Name: _____ Player Number: _____

(Please Print)

Please add \$5.00 per item

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ITEM #	DESCRIPTION	COLOR	YOUTH SIZE	XS	S	M	L	XL	2XL	3XL	ADD'L COST	UNIT COST	SUB-TOTAL

SUBTOTAL =

7% TAX =

TOTAL =

PAYMENT OPTIONS: Credit Card: Visa Mastercard Discover American Express

Card No. _____

Exp. Date _____ 3 Digit Code (on back of card): _____

Signature _____

Thank You!