

PLEASE PRINT CLEARLY WITH PEN



Student's First Name: _____ Student's Last Name: _____

Email Address: _____

Address: _____ School Name: _____

City & Zip Code: _____ Cell #: _____

Contact us:
ray.jackets@jostens.com
text or call 940-382-8948

SIZING WILL BE DONE AT SCHOOL & STUDENT WILL MAKE FINAL DECISIONS ON SIZE

Jacket Size
 XS MED XL 3XL
 SM LG 2XL _____

Adjust Body Length
 +2" -2" +4" -4"

Adjust Sleeve Length
 +2" -2" +4" -4"

Sign for approval of Size & Order

For Office Use: Award Letter Inserts: _____

YOU MAY ORDER PACKAGES, INDIVIDUAL ITEMS, OR PACKAGES PLUS INDIVIDUAL ITEMS

Packages (pricing sheet) **Platinum** **Gold** **Silver** **Bronze** **Economy** \$ _____

Leather Sleeves Upgrade

Script Name on Front

BLOCK YEARDATE (STANDARD)
 Two Digit: [][] Four Digit: [][][][]

UPGRADES \$10
 Old English **IMPACT** Script

ADDITIONAL UPGRADE YEAR DATE OPTIONS
Metallic \$10 Gold Silver
 Tiger Print \$10 Iced \$15

NAME ON BACK OF JACKET

Smith STANDARD STYLE WITH PACKAGE

UPGRADE OPTIONS TO THE NAME ON THE BACK OF THE JACKET *SEE PRICING INSIDE PACKET FOR UPGRADES*

EMBROIDERY IN TAIL - (additional upgrade) _____ \$ _____

Back of Jacket Décor (choose one below)

Archer Paws Sports Ball Metallic Gold Silver \$ _____

Old English Stars _____ Tiger Print \$ _____

BLOCK Notes Other Iced (Crystal Border) \$ _____

NEW IMPACT OTHER _____ Megaphone _____ \$ _____

SLEEVE PATCH CHOICES FOR PACKAGES OR INDIVIDUAL ORDERS

Jersey #: _____ Sport Insert _____ Upgrades _____ Iced _____ Sports Finish _____

Position: _____ Sport Insert _____ Upgrades _____ Iced _____ Sports Finish _____

Mascot: _____ Iced _____ UPGRADE OVERSIZED PATCH or JERSEY# ON BACK OF JACKET

PATCHES FROM THE BROCHURE

Patch Code	Activity Insert	Patch Lettering	<input type="radio"/> ICED
			<input type="radio"/> ICED
			<input type="radio"/> ICED
			<input type="radio"/> ICED
			<input type="radio"/> ICED \$ _____

office use only:

All Prices/Totals Are Subject to Audit

Cash _____
Check _____
By _____

Sew on Fee per patch (if not ordering package) \$ _____

VISA **MasterCard** **DISCOVER** **AMERICAN EXPRESS**

Credit Card Number: _____ Exp Date (mm/yy): _____

Cardholder's Signature: _____ Security Code: [][][][]

Billing Zip Code: _____

Subtotal _____
Handling Fee \$10
8.25% Sales Tax _____
GRAND TOTAL _____
Full Payment _____
Balance _____

Make Checks Payable to: **JOSTENS**