

WWSC T-SHIRT Order Form

Order Date: _____

Order #: _____

MANAGERS – PLEASE READ



- 1 Minimum 10 shirts per order of the same color at \$6.50/shirt.
- 2 The final balance is **due before t-shirts will be ordered.** All forms of payment are accepted.
- 3 Shirt cost includes team name and numbers, but only ONE text color-type is allowed.
- 4 Completely fill out this form and email it to **tshirts@wideworld-sports.com**. Forms may also be dropped off at the front office.
- 5 Once an order is completed and paid for, shirts will be delivered to WWSC within one week.

Team or Club Name: _____

Contact Name: _____

Email:
*please
print
legibly*

Address: _____

City: _____

State: _____

Zip: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Jersey Color:

Text Color (only one):

YOUTH SIZES & NUMBERS	
Check size and list quantity:	<input type="checkbox"/> Small <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> Medium <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> Large <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> X-Large <input type="checkbox"/> Quantity Numbers (please list): _____
	<input type="checkbox"/> TOTAL \$ _____
ADULT SIZES & NUMBERS	
Check size and list quantity:	<input type="checkbox"/> Small <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> Medium <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> Large <input type="checkbox"/> Quantity Numbers (please list): _____
Check size and list quantity:	<input type="checkbox"/> X-Large <input type="checkbox"/> Quantity Numbers (please list): _____
	<input type="checkbox"/> TOTAL \$ _____

PAYMENT INFORMATION

	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check #: _____
	<input type="checkbox"/> Credit Card (Visa/Mastercard)		Card #: _____
			Expiration: _____
NAME ON CARD _____	SIGNATURE _____		\$ _____

OFFICE USE ONLY

Date Received: _____	G B W M CD Division: _____	Age: _____	Cash Check Mastercard Visa Payment Type: _____
\$ _____ Deposit:	\$ _____ Remaining Balance:	Upon Order Due: _____	Shirts Available: _____
Staff Member: _____			