

Please fill out the order form below and fax (866 833 9258) or mail it with your payment.

Championship Name:

OFFICE USE ONLY	ORDER NUMBER
	Date Received
	Date Shipped
	Tracking #
	Credit Card Reference
	DATE REQUESTED

Sold to: (Name)					School:		
Shipping Address:							
Address: (Line 2)						City:	
Address: (Line 3)						Prov:	
Postal Code:	<input type="text"/>	<input type="text"/>	Tel: ()	Ext: ____	Fax:	<input type="text"/>	
VISA MasterCard Amex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Exp Date:	<input type="text"/>	<input type="text"/>
Name on Card:					Signature:		

QTY	ITEM #	DESCRIPTION	COLOUR	S	M	L	XL	XX L	XX XL	UNIT PRICE	EXTENSION

Payment Terms: Credit card (VISA, MasterCard or American Express), cheque or money order.

Guarantee: Full guarantee against manufacturers' defects.

Subtotal	
Shipping & Handling	INCLUDED
Subtotal	
GST	INCLUDED
PST	INCLUDED
TOTAL	