

___Name Embroidered on back

Chenille Symbols on Name

LETTER JACKET ORDER FORM

Press firmly. Use medium black or blue ballpoint pen. All orders will be audited and errors corrected.

MALE FEMALE SAILOR COLLAR

FIRST NAME	LAST NAME		LOUSE PAICH		
HOME ADDRESS		APT. #			
CITY	STATE	ZIP CODE AREA CODE	PHONE NUMBER		
EMAIL ADDRESS		AREA CODE	CELL / ALT. PHONE NUMBER		
SCHOOL NAME	SCHOOL NAME ORGANIZATION D				
Size: (Circle One) XXS X SMALL SMALL	MEDIUM LARGE XL 2XL	3XL 4XL			
SLEEVE Lengthen 2° 3° 4′ Shorten 2° 3° 1	4" BODY Lengthen 2" 3" 4" St	horten 🗌 2" 🗌 3" 🗌 4"			
*The Balfour Represenative will not tell the student what **Balfour New Orleans will not be held re	size to order under any circumstance. It is the s sponsible for the size chosen and will not acce				
By signing this form, you acknowledg	e that you have chosen the size above	Signature of approval	PRICING		
1. LETTER JACKET (Includes school letter w	th one insert)		Jacket Price		
Add Sailor Collar					
Name Embroidered on Sailor Collar			1		

2.	AWARD LETTER	Insert on Letter			,	Bars	_ Addit	tional In	sert	/B	ars	
	Additional Insert	/Bars	Addi	tional In	sert		/Bars	\$	Service Ba	rs ONLY		_
3.	CHEST EMBROIDERY	(NAME OR INITIALS	5)									
4.	BACK OF JACKET		NS (So	cript for	nt is tl	ne defau	ult)					
	Lettering on back	K										
	🗆 Add Tail			(TAIL	LETT	ERING:	Availabl	e on "S	Straight (Only")		
	Add Lettering in											
	Styles Available with	h No Tail: 🛛 _A r	^{ch} ed		RAZY	в ^L o ^C к	🗆 BL	OCK	D ØI	d English	ΠB	RIDGE

5. SLEEVE PATCHES (YEAR DATE, JERSEY NUMBER, SPORT, BAND, ACTIVITY, OR CLUB)

5A. Right Sleeve	Patch #	5B. Right Sleeve	Patch	n#	5C. Right S	eeve	Patch #	5B
								5C
								5D
5D.Left Sleeve	Patch #	5E. Left Sleeve	Patch	ו #	5F. Left Sle	eve	Patch #	5E
								5F
5G. Right / Left Sleeve	Patch #	5H.Right / Left Sleeve	Patch	ו #	5I. Right / L	eft Sleeve	Patch #	5G
								5H
								51
6. SPECIAL INSTRUCTIONS: Add'I Sewn On							6	
7. PAYMENT OPTIC	NS 🛛 Visa	□ MC □ Discover [EXPIRAT	ION DATE	SEC CODE	PRICE	
ACCOUNT NUMBER					CASH \$		SHP/HDL	\$10.00
Print Cardholder's Nam	e				CHECK \$		SUBTOTAL	
<u>X</u>				CHECK NUMBER \$			+ TAX	
Cardholder's Signature If cardholder's billing address is		s address, fill out information below.		WIRE APP	ROVAL \$		= TOTAL	
				Balf	our-New Orle	ans		
Cardholder's Billing Add					5520 Metairie			
Cardholder agrees payment m Custom items are non-refunda	ay be charged before g ble.	oods are delivered.		Phon	e # (504) 833-	-7330		1.01
				Order	Must be Paid	in Full	Sha.	nk You

(Ex: Paws, Stars, etc.)

***Changes or Cancellations must be received within 5 days after the order is placed. Fax /Email Changes to: (504)833-4855 / balfourno@yahoo.com