



Letter Jackets

LETTER JACKET ORDER FORM

2955 Horizon Park Drive • Suite D • Suwanee, GA 30024

PHONE: 770.614.9353 • FAX: 770.614.9364

EMAIL: scholasticimages@gabalfour.com • PAY ONLINE: www.gabalfour.com Any changes to the specifications of this order must be made in writing (fax or email) within 72 hours.

Press firmly. Use medium black or blue ballpoint pen.

All orders will be audited and errors corrected.

Sizing issues must be addressed within 30 days after delivery.

FIRST NAME

LASTNAME

LOOSE PATCHORDER

HOME ADDRESS

APT#

STUDENT'S CELL

CITY

STATE

ZIP CODE

PARENT'S CELL

EMAIL ADDRESS

MALE

FEMALE

DATE

SCHOOL NAME

ORGANIZATION / SPORT

SIZE APPROVAL

Circle Size: X Small Small Medium Large XL 2XL

ALTERATIONS (IF APPLICABLE)

SLEEVE LENGTH _____

BODY LENGTH _____

PRICING

1. SELECT PACKAGE All packages include jacket with leather sleeves plus:

Deluxe \$260
Award Letter on left front
Script Name on right front
2 Digit or 4-Digit year on left sleeve
Mascot on right sleeve
Back of Jacket
Choice of Jersey # or Alternate Patch

Essential \$245
Award Letter on left front
Script Name on right front
2 Digit or 4-Digit year on left sleeve
Mascot on right sleeve
Back of Jacket

Basic \$215
Award Letter on left front
Script Name on right front
2 Digit or 4-Digit year on left sleeve
Mascot on right sleeve

Other
SOME SCHOOL SPECIFIC PACKAGES
OR LIMITATIONS MAY APPLY

1. Package Price

2. EMBROIDERED NAME ON FRONT

LINE 2: Add \$8

2.

3. AWARD LETTER MAKE LETTER LETTER ENCLOSED

INSERT ON LETTER

4. YEARDATE CHOICE OF 2 DIGIT W/CLASS OR FOR 4 DIGIT /TAIL

2 DIGIT

OR

4 DIGIT W/TAIL

MASCOT _____

3.

5. BACK OF JACKET OPTIONS

LETTERING ON BACK

ADD TAIL

ADD LETTERING ON TAIL

STYLES AVAILABLE WITH NO TAIL

SCHOOL SPECIFIC _____

 Mascot or School

 School or Mascot w/tail lettering
**May include Mascot, School, or Sport in tail*

(TAIL LETTERING: AVAILABLE ON "STRAIGHT" ONLY)

4.

5.

6. Sleeve Patches

JERSEY #1 _____ W/SPORT INSERT

POSITION #1 _____ W/SPORT INSERT

JERSEY #2 _____ W/SPORT INSERT

POSITION #2 _____ W/SPORT INSERT

6.

7. Additional Sleeve Patches

PATCH _____ LOCATION _____

WORDING

PATCH _____ LOCATION _____

WORDING

PATCH _____ LOCATION _____

WORDING

PATCH _____ LOCATION _____

WORDING

7.

8.

8. Special Instructions _____ ADD'L PATCH SEW-ON (\$7 per patch) _____

PAYMENT OPTIONS

VISA MC DISCOVER AMEX CASH \$ _____ CHECK (Check # _____)

\$30 FEE ON ALL RETURNED CHECKS

ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE

PRINT CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE REQUIRED Cardholder agrees payment may be charged before goods are delivered. If cardholder's billing address is different from above student's address, fill out information below.

CARDHOLDER'S BILLING ADDRESS

APT#

CITY

STATE

ZIP CODE

PRICE

SHIPPING & HANDLING \$10.00

SUBTOTAL

SALES TAX

TOTAL

DEPOSIT

BALANCE DUE