

Male Female

Loose Patch Order

FIRST NAME _____ LAST NAME _____

HOME ADDRESS _____ APT. # _____ **436003**

CITY _____ STATE _____ ZIP CODE _____ AREA CODE _____ PHONE NUMBER _____

EMAIL ADDRESS _____ AREA CODE _____ CELL / ALT. PHONE NUMBER _____

SCHOOL NAME _____ ORGANIZATION _____ DATE _____

SIZE: (Circle One) X Small Small Medium Large XL 2XL 3XL 4XL 5XL 6XL

SLEEVE ALTERATIONS (circle one) -2 -3 -4 +2 +3 +4 BODY ALTERATION (circle one) -2 -3 -4 +2 +3 +4

JACKET UPGRADE: Leather Sleeves Upgrade \$ _____

1. ORDER A PACKAGE & SAVE SEWING FEES! VISIT OUR WEBSITE: WWW.BALFOURORDER.COM

<input type="checkbox"/> MEGA PACK	<input type="checkbox"/> DELUXE PACK	<input type="checkbox"/> CUSTOM PACK	<input type="checkbox"/> BASIC PACK
Embroidered Name On Front Straight Name - Back of Jacket #5004 4 Sleeve Patches: 1. Graduation Year Date Patch 2. Mascot Patch (Substitution OK) 3. Additional Sleeve Patch 4. Additional Sleeve Patch	Embroidered Name On Front Straight Name - Back of Jacket #5004 3 Sleeve Patches: 1. Graduation Year Date Patch 2. Additional Sleeve Patch 3. Additional Sleeve Patch	Embroidered Name On Front Straight Name - Back of Jacket #5004 2 Sleeve Patches: 1. Graduation Year Date Patch 2. Additional Sleeve Patch	Embroidered Name On Front Straight Name - Back of Jacket #5004 1 Sleeve Patch: 1. Graduation Year Date Patch

2. AWARD LETTER: Insert on Letter: _____

PRICING

Jacket Price (if applicable) _____

3. EMBROIDERED NAME ON FRONT CHEST _____

EMBROIDERED NAME ON BACK COLLAR _____

EMBROIDERED SYMBOL ON COLLAR TIPS: _____

EMBROIDERED MONOGRAM INITIALS ON: Front Chest Sleeve Cuffs **F L M** (First, Last, Middle)

4. BACK OF JACKET OPTIONS (Script font is the default) ST Football ST Basketball ST Baseball/Volleyball ST Softball ST Tennis Ball

Lettering on back _____

Add Tail _____ (TAIL LETTERING: Available on "Straight Only")

Add Lettering in Tail or under Bridge _____

Styles Available with No Tail: *Arched* **CRAZY BLOCK** **BLOCK** *Old English* **BRIDGE** **BOOKENDS**

Chenille Symbols on Name _____ (Ex: Paws, Stars, etc.) (First, Last, Middle)

Mascot on back _____ Large Jersey #'s on back _____ Large Chenille Initials on back **F L M**

1. _____

2. _____

3. _____

4. _____

5. _____

5A. _____

5B. _____

5C. _____

5D. _____

5E. _____

5F. _____

6. _____

5. SLEEVE PATCH CHOICES FOR PACKAGES, ADDING TO PACKAGES, AND INDIVIDUAL ORDERS

Graduation Year Date (Circle One): 16 18 2016 2018 17 19 2017 2019	<input type="checkbox"/> Crazy <input type="checkbox"/> Block <input type="checkbox"/> Block w/Tail	<input type="checkbox"/> No "class of" sash <input type="checkbox"/> Color Burst Color _____	<input type="checkbox"/> Mascot on Sleeve: _____
--	---	--	--

# or Pos.	Sport Insert	Sport Touch (ST) Material					
Sport Touch Jersey Number (only)	N/A	<input type="checkbox"/> FB	<input type="checkbox"/> BK	<input type="checkbox"/> BB	<input type="checkbox"/> VB	<input type="checkbox"/> SB	<input type="checkbox"/> TB
Sport Touch Position (only)	N/A	<input type="checkbox"/> FB	<input type="checkbox"/> BK	<input type="checkbox"/> BB	<input type="checkbox"/> VB	<input type="checkbox"/> SB	<input type="checkbox"/> TB
Chenille Jersey # w/ Sport Touch Insert		<input type="checkbox"/> FB	<input type="checkbox"/> BK	<input type="checkbox"/> BB	<input type="checkbox"/> VB	<input type="checkbox"/> SB	<input type="checkbox"/> TB
Chenille Position w/ Sport Touch Insert		<input type="checkbox"/> FB	<input type="checkbox"/> BK	<input type="checkbox"/> BB	<input type="checkbox"/> VB	<input type="checkbox"/> SB	<input type="checkbox"/> TB
Chenille Jersey # (only)	N/A						
Chenille Position (only)	N/A						
Chenille Jersey # w/ Chenille Sport Insert							
Chenille Position w/ Chenille Sport Insert							
Chenille Jersey # w/ Swiss Sport							
Chenille Position w/ Swiss Sport							

PATCH DESCRIPTION	A		PATCH LETTERING
	B		
	C		
	D		
	E		
	F		
	G		
	H		

6. SPECIAL INSTRUCTIONS: _____ Add'l Sewn On _____

7. PAYMENT OPTIONS Visa MC Discover AMEX

ACCOUNT NUMBER _____	EXPIRATION DATE _____	PRICE _____
Print Cardholder's Name _____	CASH \$ _____	+ SHP / HDL 8.95
Cardholder's Signature Required _____	CHECK \$ _____	SUBTOTAL _____
<small>If cardholder's billing address is different from above student's address, fill out information below.</small>	CHECK NUMBER \$ _____	+ TAX _____
Cardholder's Billing Address _____	WIRE APPROVAL \$ _____	= TOTAL _____
<small>Cardholder agrees payment may be charged before goods are delivered. Custom items are non-refundable.</small>	MOBILESCAPE \$ _____	PAYMENT _____
balfour	COMPETITIVE EDGE 11937 Starcrest San Antonio, TX 78247 (210) 403-9400 Hours: Monday-Friday: Noon-5:00 PM www.balfourorder.com	BALANCE DUE _____

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the notice of cancellation form for an explanation of this right. Postal and handling charges may be added.