



Jersey Order Form

Date: _____
 First Name: _____ Last Name: _____
 Student ID: _____ Program: _____
 Address: _____
 Mobile Number: _____
 Email Address: _____



Jersey Order

Please clearly mention the Name and Number in the box below that you want on the back of the Jersey

Name

Number

Encircle the Size that you would like to order:

XS S M L XL XXL

Encircle the Pick-up Location:

CL SJ WF

Encircle the Method of Payment (\$25):

Visa

Debit

MasterCard

Please Note that it will take at least 10 Business Days to get your order ready for Pick-up at your selected Location. You will be notified via email or phone number when your order is ready for pick-up. Please sign below if you agree to these terms and Conditions:

Student's
Signature: _____ Dated: _____

FOR OFFICE USE ONLY

Date Order Received: ____/____/____ Received By: _____