

CLASSROOM ORDER FORM

SCHOOL: _____ HOUR: _____ DELIVERY DATE: _____ PO # _____

Teacher Name: _____ E-Mail: _____ Phone #: (____) _____ Fax: (____) _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Select your first and second color choices for both FABRIC and WEBBING. Group kits together on form where possible (Kit #8's together and Kit #9's together). PLEASE use separate form for each hour.
We will pack your order according to hour.

PAGE ONE of HOUR: _____

# of Students	Student Initial or Name	Quantity Ordered	Kit Number	Kit Name	1st Fabric Choice	1st Webbing Choice	2nd Fabric Choice	2nd Webbing Choice	Shoulder Pad	Total Cost	Check # or cash paid
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
Please use PAGE TWO of HOUR: _____ for additional students in a given class.									Sub - Total		
									S & H		
									Total		