



Class of Designs Order Form

Rep: _____ Phone: _____

(Please circle appropriate Year)

For years '12, '13, '14, '15, '16, '17, '18

CL Code: _____

Ship to Address: _____

Zip: _____

Options for 12 pcs. and over only

School Colors: _____ and _____

School Name: _____

Names on Back: Yes or No

If yes: Typeset or Signatures

Header for back: _____

Shirt color: _____

Total	YL	AS	AM	AL	AXL	XXL