CUSTOMER: _____ DATE _____

☐ ORDER ☐ CONCEPT ☐ SHOW ☐ SAMPLE ☐ ADULT ☐ YOUTH ☐ LADIES ☐ SWEATSHIRTS ☐ LONGSLEEVE

DUE DATE _____ REQUESTED BY: _____

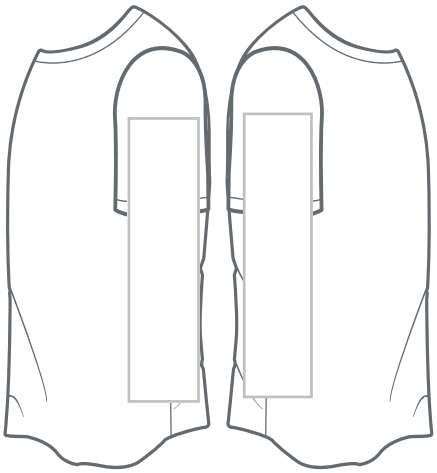
☐ **SCREENPRINT** ☐ **EMB/APPLIQUE** ☐ **TRANS/APPLIQUE** ☐ **EMBROIDERY**

☐ FULL FRONT ☐ LEFT CHEST ☐ LEFT SLEEVE ☐ VERTICAL LEFT
☐ FULL BACK ☐ RIGHT CHEST ☐ RIGHT SLEEVE ☐ TOP BACK

☐ FRONT ☐ LEFT CHEST

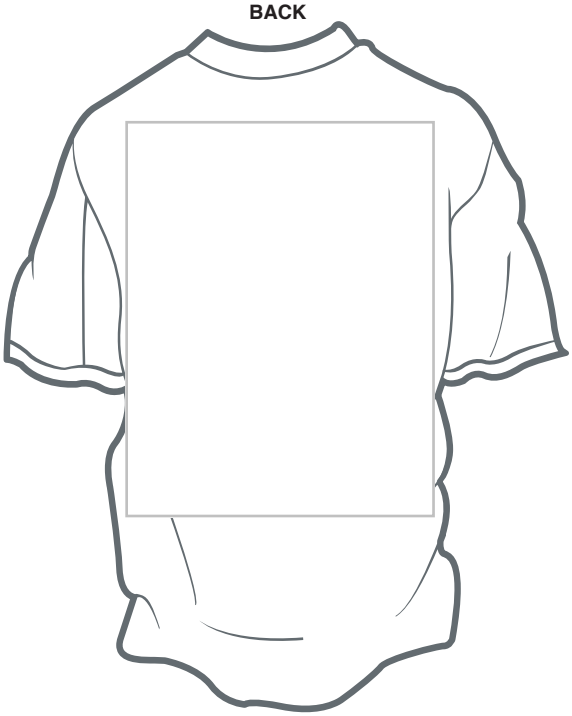
STYLE #: _____

☐ LEFT SLEEVE ☐ RIGHT SLEEVE



☐ LEFT SIDE ☐ RIGHT SIDE

BACK



DESIGN REFERENCE # REQUIRED FIELD MUST INCLUDE REF # OR PHOTO OF NEW REF ART

NEW DESIGN # FOR ARTIST TO FILL

NAME DROP:

SHIRT COLORS	INK/THREAD COLORS	SPECIAL INSTRUCTIONS