



Sports Medicine Apparel Order Form

ALL SALES FINAL

Please print
 Student Name: _____ Junior _____ Senior _____ Date: _____
 Parent Name: _____ Email: _____ Phone: _____

Two shirts required. (The cost will be added to your student Infinite Campus account and is payable by October 31, 2017).

*Families that qualify for FREE meals will have two shirts credited to their Infinite Campus account for **junior year only**.*

(Meal applications will be disbursed via mail in August.)

| Qty | Size | Item Number | Description | Color | Brand | XS – XL Unit Cost | 2XL-4XL Unit Cost | Total |
|--------------|------|-------------|------------------------------------|-------|----------------|----------------------|----------------------|-----------|
| | | ST340 | Men’s Dri-Mesh Short Sleeve Shirt | Black | Port Authority | \$22.00 | \$24.00 | \$ |
| | | LST340 | Ladies Dri-Mesh Short Sleeve Shirt | Black | Port Authority | \$22.00 | \$24.00 | \$ |
| TOTAL | | | | | | | | \$ |

Additional and optional items can be ordered in the high school office.

Do not write below this line (this will be completed upon delivery)

Delivery Date: _____ Received Signature: _____