

# Embroidered Shirts order form

Pioneer Drama Service, Inc.  
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## Customer Information

Bill To: \_\_\_\_\_ Ship To: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Attention: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Payment Information

Check (please pay with one check)       Purchase Order #: \_\_\_\_\_  
 VISA/MasterCard/Discover/American Express      Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

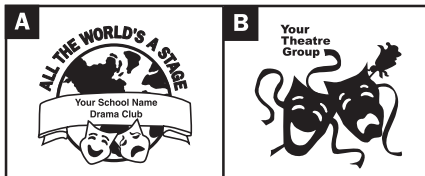
## Shirt Information

Circle the type of shirt, circle your emblem choice (see emblems below) and write in the quantity of each shirt size needed.  
Choose up to two shirt colors. **Minimum order is 10 shirts per emblem.**  
(SST=short-sleeve t-shirt, LST=long-sleeve t-shirt, SS=sweatshirt)

Type of Shirt (circle)			Emblem (circle)	Shirt Color	S	M	L	XL	XXL	Total Quantity	Unit Price	Total Cost
SST	LST	SS	A or B									
SST	LST	SS	A or B									
SST	LST	SS	A or B									
SST	LST	SS	A or B									

Rush Shipping \$ \_\_\_\_\_

**TOTAL PRICE \$** \_\_\_\_\_



**Available Emblem Designs**

Please print your group's or organization's name **EXACTLY** as you want it to read on the shirts:

\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE</b>	Ship Date: _____ Customer Needs By: _____	Order Date: _____	<b>PAID STAMP</b>
	Shipping: <input type="radio"/> Regular <input type="radio"/> Blue Label (2 Day) <input type="radio"/> _____	Invoice #: _____	
	Play # _____ Sales Order # _____	Add'l to #: _____	
		Order Faxed: _____	