

CUSTOM SHIRTS

ORDER FORM

PIONEER DRAMA SERVICE

Phone: 800.333.7262 • Fax: 303.779.4315

Website: www.PioneerDrama.com

Email: TheatreShirts@PioneerDrama.com

Customer Information: Your Name: _____ Use the same address for billing and shipping

Bill To: _____ (organization's name) Ship To: _____

Address: _____ Street Address: _____ (We only ship shirts to US addresses. \$10 fee for residential addresses.)

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Payment Information: We can only bill organizations at commercial addresses or PO boxes. All others must pre-pay.

Check Enclosed Bill Organization Purchase Order #: _____ (if required)

VISA MasterCard Discover American Express



Name on Card: _____

Card Number: _____ Exp. Date: _____ Verification Code: _____

- FILL IN YOUR INK COLOR.
- CIRCLE THE TYPE OF SHIRT YOU WANT, INDICATE UP TO TWO SHIRT COLORS, AND SPECIFY WHETHER SIZES ARE ADULT OR YOUTH.
- WRITE IN THE QUANTITY OF EACH SHIRT SIZE NEEDED. PUT MULTIPLE SIZES OF THE SAME TYPE AND COLOR OF SHIRT ON ONE LINE.
- MINIMUM ORDER IS A TOTAL OF 15 SHIRTS, NO LESS THAN 5 OF ANY ONE TYPE.

Ink Color:			CIRCLE TYPE OF SHIRT	SHIRT COLOR	ADULT OR YOUTH*	S	M	L	XL	XXL (+\$2)	XXXL (+\$2)	TOTAL QTY.	UNIT PRICE	TOTAL COST	
A	Y														
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									
SST	LST	SW			A	Y									

(SST=SHORT-SLEEVE T-SHIRT, LST=LONG-SLEEVE T-SHIRT, SW=SWEATSHIRT)

*Youth sizes available in S, M, and L only.

Subtotal: \$ _____

OFFICE USE ONLY		
Adjustments \$ _____	Discounts \$ _____	Adjusted Total \$ _____

XXL and XXXL Additional: \$ _____

\$10 Residential Fee: \$ _____ (if applicable)

Cast List on Back: \$ _____ (\$5 per shirt + \$50 set-up fee)

TOTAL PRICE: \$ _____

PLEASE PRINT THE ORGANIZATION AND PRODUCTION DATE EXACTLY HOW YOU WANT IT TO APPEAR ON THE SHIRT.

SHOW TITLE: _____

ORGANIZATION: _____

PRODUCTION DATE: _____

ORDER DATE: _____ INVOICE #: _____ ADD'L TO #: _____ ORDER SENT: _____ PAID: _____