

FATHER GABRIEL RICHARD HIGH SCHOOL VARSITY JACKET ORDER FORM

Name: _____ Graduation Year: _____

Address: _____ City: _____ St: _____ Zip: _____

Parent Email: _____ Phone #: _____



Order Form

Basic Jacket—\$239

This includes wool jacket with Leather sleeves, students letter sewn on left side and Ann Arbor Fr. Gabriel Richard on back.

\$

Jacket Size									4X + Add \$10
XS	S	M	L	XL	2X	3X	4X	5X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28-30	32-34	36-38	40-42	44-46	48-50	52-54	56-58	60-62	

Adjust Sleeve Length + \$10.00			
+2"	+4"	-2"	-4"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adjust Body Length + \$10.00			
+2"	+4"	-2"	-4"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jacket Upgrades / Add on Options

- | | | | |
|---|------------------|--------------|--------------|
| <input type="checkbox"/> Add Text/Name to Right Chest | \$5.00 per line | Line 1 _____ | Line 2 _____ |
| <input type="checkbox"/> Add "Fighting Irish" to bottom back. | \$20.00 | Line 1 _____ | Line 2 _____ |
| <input type="checkbox"/> Add Activity Embroidery to Back | \$20.00 per line | _____ | _____ |
| <input type="checkbox"/> Add 2 digit graduation year to left sleeve | \$15.00 | | |

\$

Circle your Choice of sleeve color below

GREEN

WHITE



Payment Information

50% deposit will be due at time of order. Full payment will be required within 4 weeks of order placement. All jackets will be shipped directly to the school 8-10 weeks after order Date. Please make all checks and money orders payable to NEFF. If you are paying by credit card and mailing in and do not feel comfortable filling the section out, just write CC and I will contact you for that information.

Payment can be made by cash, check/money order, or credit card.

Credit Card Information:

Amount To Be Charged	Expiration Date	CVV # _____
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	
Credit Card Number (Visa, MC, Discover, AMEX)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Card Holder Printed Name _____

Card Holder Signature _____

TOTAL	
HANDLING	\$10.00
ORDER SUBTOTAL	
SALES TAX 6%	
ORDER TOTAL	
AMOUNT PAID	
_____	Check Number _____



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