

FOR OFFICE USE ONLY
 Date Received: _____
 Last Day to Order: _____
 Staff Initials: _____

PAYMENT FORM

PROGRAM APPAREL SUBMISSION - HOODIE



Student Coordinator

Program Name:

Name:

Phone #:

Email:

NAME	STUDENT ID	TELEPHONE #	HOODIE \$	SIGNATURE UPON PAYMENT	TRANSACTION #	DATE OF PAYMENT	CASHIER'S INITIALS
			SIZE (SM-3XL)				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

*** IMPORTANT INFORMATION, PLEASE READ BEFORE SENDING IN THE ORDER***

- Notes:
- 1) As the **Student Coordinator**, you agree to be the point of contact and be in charge any communication for this order. You will also be in charge of distributing the hoodies to your classmates when they are ready for pickup.
 - 2) **DO NOT** write on the back of this form. If you require additional space, please print additional forms and staple together.
 - 3) Minimum order quantity is 12 items.
 - 4) **ALL PROGRAM APPAREL ARE FINAL SALE**

ANY QUESTIONS PLEASE CONTACT: shop@nait.ca or in person at *s hop AT NAIT* - Main Campus

Totals	
SM	
MD	
LG	
XL	
2XL	
3XL	
TOTAL	

