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

PAYMENT FORM

PROGRAM APPAREL SUBMISSION - HOODIE

Program Name:

Instructor:

Student Coordinator
Name:
Phone #:
Email:

Student Coordinator
Name:
Phone #:
Email:

NAME	STUDENT ID	TELEPHONE #	HOODIE $ / SIZE (SM-3XL)	SIGNATURE UPON PAYMENT	TRANSACTION #	DATE OF PAYMENT	CASHIER'S INITIALS
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. A second Coordinator can be chosen at the time of submission the event that the **Student Coordinator** is unable to pick up the hoodies.
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 *shop AT NAIT* - Main Campus

Total - For office use only		
SM		
MD		
LG		
XL		
2XL		
3XL		
TOTAL		

FOR OFFICE USE ONLY
Email/Call date: _____

PICKED UP
DATE:_____

SIGN: _____

shop AT NAIT