FOR OFFICE USE ONLY
Date Received: _____
Payment Deadline: _____
Staff Initials: _____

PROGRAM HOODIE FORM

Payment Submission

2026/2027

Program Name:

Instructor:

Primary Student Coordinator
Name:
Phone #:
Email:

Secondary Student Coordinator
Name:
Phone #:
Email:

FULL NAME	NAIT ID #	TELEPHONE #	HOODIE $ / SIZE (SM-3XL)	SIGNATURE UPON PAYMENT	TRANSACTION #	DATE OF PAYMENT	STAFF INITIALS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

****IMPORTANT INFORMATION: PLEASE READ THE NOTES BELOW BEFORE SUBMITTING THE FORM**

Notes:

1) As the **Student Coordinators**, you will be the point of contact for this order. You are also in charge of distributing the hoodies to the people on the form 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 is **12 people** for the best price.

4) Program Hoodies have a turnaround time of **6-8 weeks**.

5) **ALL PROGRAM HOODIES ARE FINAL SALE, NON-RETURNABLE, AND NON-EXCHANGEABLE.**

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

Total - Office use only		
SM		
MD		
LG		
XL		
2XL		
3XL		
TOTAL		

PICK UP REMINDER

Office use only

Email Date: _____
Call Date: _____

PICKED UP

Coordinator Name:
Coordinator Signature:

Date: Staff Initals:

shop AT NAIT