

Office Use Only:

Date Received _____

Date Submitted _____

SOLE BURNER BACK PRINTING ORDER FORM

Instructions

- Submit this form on **WEDNESDAY, April 4, 7am – 2pm OR THURSDAY, April 5, 2018 from 11am – 5pm** at the Sole Burner office located at 2616 S. Oneida St., Appleton (lower level).
- **No Changes** may be made to your order once this form has been submitted. **PLEASE REVIEW CAREFULLY!**
- For any back printing questions contact Joan Weyenberg, Icon. Phone: 920.687.9777 Email: joan@iconpromotesu.com
- All orders placed by April 5, 2018 will **FIRST** be available for pick up at the Sole Burner office on Wednesday, April 25. We will call you when team packets are ready for pick up.
- Sole Burner Office Hours: April 4-May 10, Wednesday's 7am – 2pm and Thursday's 11am – 5pm.

Company/Team Name: _____

Captain's Name: _____

Captain's E-mail: _____ Daytime Phone: _____

PLEASE INDICATE THE NUMBER OF SHIRTS FOR EACH *NO TALLY MARKS*
Event Shirt
____ Youth (med)
____ Adult Small
____ Adult Medium
____ Adult Large
____ Adult X-Large
____ Adult XX-Large
____ Declined Shirt
____ Total Number of Shirts

NUMBER OF TEAM MEMBERS *NO TALLY MARKS*
____ Kids Online
____ Adults Online
____ Kids Offline @ \$15= _____
____ Adults Offline @ \$30= _____
____ Number of Team Members

\$ _____	= Offline Registration Fees
\$ _____	= Back printing Fee
\$ _____	= Donations
\$ _____	= Total Money Today

BACKPRINTING FEES

- ____ NO LOGO
- ____ \$25 - New/Edited Logo
- ____ \$15 - Confirmed Past Logo

PLEASE INVOICE (INFORMATION BELOW REQUIRED)

Amount to invoice: \$ _____

Business Name: _____

Attention Name: _____

Business Address: _____ City _____ Zip _____

Please sign below to indicate that you have reviewed the T-shirt guidelines and agree the order totals are correct.

Name: _____ Date: _____