

School Affiliation #: _____
 (See upper right corner of address label.)

Grade Levels in Your School: _____

Billing Address

School Name: _____
 School Address: _____
 City: _____ State: _____ Zip: _____
 Attention: _____
 Phone: _____ Fax: _____
 Email*: _____

Shipping Address (if different from billing address)

School Name: _____
 School Address: _____
 City: _____ State: _____ Zip: _____
 Attention: _____
 Phone: _____ Fax: _____

*To track your order, please include your email address.

Order Information

Item Number	Shirt Color*	Thread Color*	Item	Unit Price	Quantity	Publications Discount**	Total
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____	_____	_____	\$ _____

*Custom Clothing Only

**Publications Only

Subtotal \$ _____

PA residents add 6% Sales Tax \$ _____

VA residents add 6% Sales Tax \$ _____

See page 23 for shipping & handling. → Shipping & handling info \$ _____

Ground 2nd day Overnight

TOTAL \$ _____

*If shipping and handling are not enclosed, you will be billed.

Custom clothing instructions

Please see color chart on pages 14–15 for custom clothing. If you are including your school name on custom clothing, please enter it below. (Enter no more than two lines of no more than 15 spaces each.)

Lettering instructions for banner:

 Two lines, 26 characters per line

NOTE: See ordering instructions and shipping and handling information. Please review your order for accuracy. Incomplete orders will not be processed and will be returned for correction by authorized school personnel. **Please remember: We cannot process your order if payment is not included with this order. If you fax your order, please don't mail a duplicate.**

Send all NASC orders with payment enclosed to:
NASC, P.O. BOX 417939, Boston, MA 02241-7939

Please send an additional resource guide with my order.

Method of Payment (Payment must accompany order.)

- Check enclosed.**
 Make payable to NASC/NASSP (NASSP FEIN #52-6006937).
- Credit card**
 Card Type: MasterCard Visa American Express
 Personal Business/School

Account Number: _____

CVC#: _____ Expiration Date: _____

Cardholder Signature: _____

Printed Name of Cardholder: _____

Cardholder Billing Address: _____
