



# NJHS ORDER FORM

NJHSCATWEB

School Affiliation #: \_\_\_\_\_

### Billing Name and Address

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email\*: \_\_\_\_\_

Grade Levels in Your School: \_\_\_\_\_

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

### Order Information

Item Number	Shirt Color*	Thread/Ink Color*	Design**	Item	Unit Price	Quantity	Publications Discount***	Total

\*Custom Color Clothing Only \*\*Custom Clothing-Casual only

\*\*\*Publications Only

### Custom clothing instructions

Please see color chart for NHS on page 18-20 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.)

See page 31 for shipping & handling.

Subtotal \$ \_\_\_\_\_  
 PA residents add 6% sales tax \$ \_\_\_\_\_  
 VA residents add 6% sales tax \$ \_\_\_\_\_  
 Shipping & handling info \$ \_\_\_\_\_  
 Ground  2nd day  Overnight

**TOTAL** \$ \_\_\_\_\_

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

### Lettering/engraving instructions (banners, plaques, and charters only):

\_\_\_\_\_

\_\_\_\_\_

Two lines, 26 characters per line

**NOTE:** See previous page for ordering instructions. Please review your order for accuracy. Inaccurate orders will not be processed and will be returned for correction by authorized school personnel. **Also, 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 NJHS orders with payment enclosed to:

**NJHS**  
P.O. BOX 417939, Boston, MA 02241-7939

Please send an additional *Resource Guide* in the mail with my order.

\*Effective July 1, 2015, we no longer accept purchase orders.

### Shipping Address (if different from billing address)

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Method of Payment\*

(Payment must accompany order.)

**Check (enclosed)**

Make payable to NHS/NASSP (NASSP FEIN #52-6006937).

**Credit card**

Card Type:  American Express  MasterCard  Visa

Personal  Business/School

Account Number: \_\_\_\_\_

CVC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_