

DEAR PARENTS,

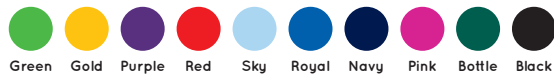
We are going to order shirts for our staff and children. If you would like to order, please complete this form and return it with payment to the Centre by ____ / ____ / ____

SHIRT (add price)

T-SHIRT round neck		POLO	
Short sleeve	\$	Short sleeve	\$

CHILD CARE CENTRE NAME WILL BE INSERTED INTO THE DESIGN (write selected design here) _____

COLOURS (please write here) _____



OR YOUR OWN DESIGN
Please email us your good quality black & white design

SIZES	Children						Youth/small adult					Adult (loose fit)						
Size	0	1	2	3	4	6	8	10	12	14	16	S	M	L	XL	2XL	3XL	4XL
To fit chest (cm)	6-12 mths	12-18 mths	18-24 mths	24+ mths	60	64	68	72	76	80	86	90	95	100	105	110	115	120

Parent/carer name _____

Parent/carer phone number _____

Student name _____

PAYMENT

- ☐ Cash (enclosed)
- ☐ Cheque (enclosed)
- ☐ Credit Card _____
- Expiry date ____ / ____ CVC _____
- ☐ Other _____

Quantity	Size	Total \$

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