

CUSTOM SHIRTS

order form

Pioneer Drama Service

Phone: 800.333.7262 • Fax: 303.779.4315

Website: www.pioneerdrama.com • Email: theatreshirts@pioneerdrama.com

Customer Information - Your Name: _____ ☐ Use the same address for billing and shipping

Bill To: _____ (organization's name) Ship To: _____

Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____ (We only ship shirts to US addresses.)

Phone: _____ Phone: _____

Fax: _____ Email: _____

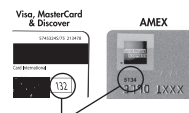
Payment Information - We can only bill organizations at commercial addresses or PO boxes. All others must pre-pay.

☐ Check Enclosed ☐ Bill Organization ☐ Purchase Order #: _____ (if required)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ Verification Code: _____



Indicate your ink color and choose up to two shirt colors. Then circle the type of shirt you want and write in the quantity of each shirt size needed. Please indicate whether sizes are adult or youth sizes. (If you do not circle either, we will send adult sizes.) If possible, put multiple sizes on one line. **Minimum order is 10 shirts.**

Ink Color: _____

Type of Shirt (circle one)	Shirt Color	Adult or Youth* (circle one)	S	M	L	XL	XXL	XXXL	Total Quantity	Unit Price	Total Cost
SST LST SW		A Y									
SST LST SW		A Y									
SST LST SW		A Y									
SST LST SW		A Y									
SST LST SW		A Y									

(SST=short-sleeve t-shirt, LST=long-sleeve t-shirt, SW=sweatshirt)

Office Use Only	Adjustments \$ _____
	Discounts \$ _____
	Adjusted Total \$ _____

***Youth sizes available in S, M and L only.**

Subtotal: \$ _____

Cast List on Back: \$ _____
(\$2 per shirt + \$50 set-up fee)

Rush Delivery: \$ _____
(\$2 per shirt)

TOTAL PRICE: \$ _____

Please provide the play or musical title: _____

If you also want the name of your organization and the dates of production included on your shirts, please PRINT the information EXACTLY as you want it to read, including upper and lower case and punctuation.

Organization: _____

Production Date: _____

OFFICE USE	Ship Date: _____	Order Date: _____	PAID STAMP
	Customer Needs By: _____	Invoice #: _____	
	Play # _____ Sales Order # _____	Add'l to #: _____	
		Order Sent: _____	