



Change the future>

California Association of Student Councils SWEATSHIRT ORDER FORM

*All Shipments will be sent by UPS (allow 1-2 weeks)

PRINT ALL INFORMATION LEGIBLY

Name _____

Address _____

City _____

Zip _____

Telephone () _____

School _____

School City _____

Select Size	Small	Med	Large	X-L	XX-L
Hooded					
Polo's					

CASC SUMMER STAFF USE ONLY:

Check No. _____

Amount: \$ _____

Check Date: _____

CASH PAYMENT SECTION

Amount: \$ _____

Name of CASC Summer Staff Accepting Funds:

Name: _____

Signature: _____