**U.S. Academic Pentathlon**

**National Finals-May 19-20, 2017**

**Minneapolis, MN**

**T-Shirt Order Form**

**The logo will be printed in color. Only one order will be processed from each school, so PLEASE have your students check with their parents. A limited number of extra shirts will be ordered. *If you are ordering shirts to be shipped, please add $10 to your order.***

**FRONT DESIGN – Image Soon**

United States Academic Pentathlon

2017 National Finals

Minneapolis, MN

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

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

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

Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PLEASE PRINT LEGIBLY)**

**Please mark quantities in the appropriate sizes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Size** | **Price** | **Quantity** | **Total $ Amount** |
| **S** | $13.00 ea |  |  |
| **M** | $13.00 ea |  |  |
| **L** | $13.00 ea |  |  |
| **XL** | $13.00 ea |  |  |
| **XXL** | $14.00 ea |  |  |
|  |  | **Cc fee** | **5.00** |
|  |  | **Total Due:** |  |

**Method of Payment:**

Check (payable to USAD): Ck# \_\_\_\_\_\_\_\_\_

Purchase Order (payable to USAD): PO# \_\_\_\_\_\_\_\_\_

Credit Card: Visa and MasterCard accepted

(A $5.00 transaction fee will be added to each transaction.)

**T**he following information MUST be provided when paying by credit card.

**Please print legibly**

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CREDIT CARD BILLING ADDRESS **REQUIRED** FOR CREDIT CARD ORDERS)

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

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_

 VISA  MASTERCARD

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

(THE CARDHOLDER'S SIGNATURE MUST BE ON FILE AT USAD TO PROCESS CREDIT CARD ORDERS)

Form and full payment

MUST be received by

May 1, 2016

**E-mail or mail**

**form and payment to:**

**USAD**

**PO Box 4351**

**Mankato, MN 56002**

[pentathlon@usad.org](mailto:pentathlon@usad.org)