**U.S. Academic Pentathlon®**

**Nationals - May 16-18, 2019**

**Nashville, TN**

**T-Shirt Order Form**

USAP is excited to offer you customized Nationals apparel. This year we are working with Fine Designs for the 2019 USAP National Competition. Fine Designs will be joining us at the Sheraton Music City Hotel May 16-18th where they can custom print apparel on site. You may wait and purchase shirts onsite or you may use this order form to pre-order your shirts.

If you placed a pre-order, Fine Designs will have your shirts onsite. You will have the opportunity to customize your shirts when you pick them up in the Hermitage Lobby. *If you are ordering shirts to be shipped, please add $10 to your order.*

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, 2019**

 **E-mail or mail**

**form and payment to:**

**USAD**

**PO Box 4351**

**Mankato, MN 56002**

 pentathlon@usad.org