

LINDROS CLASSIC SWAG ORDER FORM



FIRST NAME: _____ LAST NAME: _____




ADDRESS: _____

CITY, PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: (____) _____ E-MAIL: _____

CREDIT CARD (MASTERCARD, VISA OR AMEX): _____

EXPIRY (MM/YY): _____

Thank you for helping kids be kids!	S	M	L	XL	XXL	XXXL	TOTAL
	#	#	#	#	#	#	\$
LINDROS TSHIRT (CHARCOAL) \$25 							
LINDROS HOODY (BLACK) \$30 							
LINDROS HAT \$20 (BLACK) 							
NUMBER OF HATS REQUESTED _____							
TOTAL							

SCAN BACK COMPLETED FORMS TO CJACOBS@EASTERSEALS.ORG

ONCE THE ORDER FORM IS SUBMITTED, PAYMENT WILL BE PROCESSED. PURCHASE INCLUDES DELIVERY WHICH WILL BE APPROXIMATELY 4 WEEKS.

QUESTIONS MAY BE DIRECTED TO CORALIE JACOBS AT:

Tel: 705.761.4159 E-mail: cjacobs@easterseals.org <https://celebrityhockeyclassics.com/>

Thank you for helping kids BE KIDS!