

OFFICE ADDRESS

1885 River Road • Eugene, OR 97404

Phone (541) 689-4588 Fax (541) 689-9123

Website www.minersgrad.com

MINERS AWARD JACKETS

In Office Fitting - Call First For Appointment.

Remember to bring your Award Letter (if possible).

Average delivery is 7 to 9 weeks
but may increase due to time of year.

P.O.# - 25

Date / /

STEP 1

...You

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

School _____

Student Height _____ Weight _____

STEP 2

...the Jacket

Wool Body - Wool Color _____

Leather Sleeves - Leather Color _____

Sleeve Style - Set-In (to shoulder) _____

Collar Style - Stand Up (traditional style) _____

Stripe Color (2 Stripes)

- A. Cuff Color _____

- B. Stripe Color _____

- C. Stripe Trim Color (if any) _____

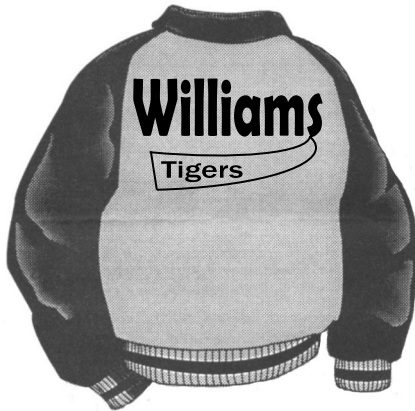
Lining Style - Zip-Open Lining (All Jackets) _____

Jacket Size circle your size -

XXS - XS - SM - MED - LG - XL - *XXL - *XXXL

oversize charge - XXL-\$25 - XXXL-\$35 _____

alterations in length - \$10.00 per inch _____



Unit Price

\$ 285.00

oversize \$

per inch \$

\$ 10.00

\$ 20.00

\$ 20.00

\$ 40.00

\$ 10.00

\$ 15.00

\$ 30.00

\$ 35.00

\$ 65.00

\$

Insured Shipping \$ 12.00

TOTAL \$

Amount Paid \$
Minimum \$150.00
Down Payment

Balance Due \$

STEP 3

...the Chenille Lettering

Your Athletic Letter (sewn on front left chest) _____

First Name (on front right chest) _____

Graduation Year (on front right pocket) _____

Last/School/Mascot Name (on back) _____

*Add for tail to underline large script name _____

*Add for embroidered word in tail _____

Sports Number On Sleeve # _____ left sl right sl

4" Sports Patch _____ w/# _____ left sl right sl

(on sleeve) _____ w/# _____ left sl right sl

_____ w/# _____ left sl right sl

Custom Mascot (large on back) _____

Customer Owned Patches - \$5.00 each to sew on # _____

A. Chenille Color Lettering _____

B. Feathered Color (if any) _____

C. Felt Color (normal is wool color) _____

D. Double Felt Color (if any) _____

Special Notes (Office Use Only):

CREDIT/DEBIT CARD PAYMENT

FULL PAYMENT \$ _____

Card Number

____ / ____ / ____ - ____ / ____ / ____ - ____ / ____ / ____ - ____ / ____ / ____

Expiration Date ____ / ____ - ____ / ____ CVC# _____

Name on Card _____