

Cascade Bicycle Club Jersey Order Form

SHIPPING INFORMATION (PLEASE PRINT)

Name:		
Address:		
City:	State:	Zip:
Email:		
Daytime Phone (required):		

<p>MAIL ORDER TO: Cascade Bicycle Club P.O. Box 15165 Seattle, WA 98115</p> <p>FAX ORDER TO: (206) 522-2407</p>

ITEM	XS	S	M	L	XL	2XL	3XL	QTY	Price (includes tax)	Total
Men's Short Sleeve 100% Merino Wool Jersey				out		out	out		x \$115	
Men's Long Sleeve 100% Merino Wool Jersey	out	out	out	out	out		out		x \$135	
Women's Short Sleeve 100% Merino Wool Jersey			out						x \$115	
Women's Long Sleeve 100% Merino Wool Jersey	out						out		x \$135	
Men's, Short Sleeve, Racing Cut (PRO Fit) Jersey		out	out	out	out	out			x \$60	
Men's, Short Sleeve, Club Cut (Loose Fit) Jersey				out	out	out	out		x \$60	
Women's, Short Sleeve, Racing Cut (PRO Fit) Jersey			out	out		out			x \$60	
Unisex, Long Sleeve, Racing Cut (PRO Fit) Jersey		out					out		x \$75	

I'd like to pick up my order at Cascade Bicycle Club. Please fax me a notice with directions and hours when my order is ready. (There will be \$0 shipping charge because I am picking up my order) My fax number is _____.

Please ship my order to me. (I have included shipping charges in the TOTAL)

Subtotal:	
Shipping:	
TOTAL:	

Payment Method: VISA MasterCard Check Cash

- - -

Exp. date _____ Name on card _____

Please make checks payable to: **CASCADE BICYCLE CLUB**

Shipping and Handling Charges:	
1 item :	\$6.00
Add \$1 for each additional item.	

Please allow 5-7 days from receipt of order for delivery

For Office Use Only:

Purchased: fax _____ mail _____ CBC _____ phone _____ event _____

Date Order Received: _____ CC Authorization Number _____

Date Picked Up: _____ Date Shipped: _____

Order # _____