

Cascade Bicycle Club Jersey Order Form

SHIPPING INFORMATION (PLEASE PRINT)

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

MAIL ORDER TO:
 Cascade Bicycle Club
 P.O. Box 15165
 Seattle, WA 98115

FAX ORDER TO:
 (206) 522-2407

ITEM	XS	S	M	L	XL	2XL	3XL	QTY	Price (includes tax)	Total
Men's Short Sleeve 100% Merino Wool Jersey						out			x \$115	
Men's Long Sleeve 100% Merino Wool Jersey	out						out		x \$135	
Women's Short Sleeve 100% Merino Wool Jersey									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			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					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:	

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

Payment Method: VISA MasterCard Check Cash

Exp. date _____ Name on card _____

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

For Office Use Only:

Purchased: fax _____ mail _____ CBC _____ phone _____ event _____ **Order #** _____

Date Order Received: _____ CC Authorization Number _____

Date Picked Up: _____ Date Shipped: _____