

CRPNA Clothing Order Form

Prices subject to change

Cost

Fitted Full Zip Hooded Jacket (Navy/Royal)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ XXL _____ Plus _____ \$30.00
(add \$4.50 for XXL & Plus)

Ladies Flare Pant (Navy)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ \$22.00

Ladies Raglan T-Shirt (White/Royal)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ \$15.00

Ladies Lycra Contrast Tank (Navy/White)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ \$15.00

Full Cut Zip Hooded Jacket (Navy/Royal)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ XXL _____ XXXL _____ \$30.00
(add \$4.50 for XXL & XXXL)

Straight Leg Pant (Navy)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ \$22.00

Raglan T-Shirt (White/Royal)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ XXL _____ \$18.00

Mock Neck Long Sleeve T-Shirt (Royal)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ XXL _____ \$20.00

Hospital Scrubs (Royal or Green) (\$17.50 each Top or Pants)

Please indicate quantity: Sm _____ Med _____ Lrg _____ XL _____ \$35.00 (set)
Color _____ Color: _____ Color: _____ Color: _____

Cost \$ _____
S&H \$ 10.00

***\$10.00 shipping & handling will be added to orders shipped
orders requested for pick up will not be charged S&H***

TOTAL \$ _____

Payment Options:

Cheque or Money Order Payable to **CRPNA**

Visa/MasterCard: _____ (Card Number) _____ (Expiration Date)

Name On Credit Card: _____ (please print)

Signature of Card Holder: _____

Enclosed Cheque / Money Order # _____
(\$25.00 NSF charge for returned cheques)

Mailing Address:

For pick up orders please contact the office

Name: _____ (please print)

Address: _____ (please print)

City/Province: _____ (please print) Postal Code: _____ (please print)

Telephone: _____ (Home) _____ (Work)