

**Classroom Faces® Order Form**

We want the top of the shirt to say: (USE BLUE OR BLACK INK ONLY TO FILL OUT THIS PAGE)

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The ink color we want for the wording at the top of the shirt is: \_\_\_\_\_

We are including (#) \_\_\_\_\_ drawings of which # \_\_\_\_\_ are children, and (#) \_\_\_\_\_ are staff.

**The shirt color we want is WHITE**

27 or less drawings: Minimum order is 15 shirts

**We want FULL COLOR drawings**

(Higher drawing counts have higher minimums.

(See website for samples)

See details for minimums on web site)

100% preshrunk, heavyweight cotton

PROMO CODE \_\_\_\_\_  
(Limit of 1 Promo code per order)

**YOUTH SIZES**

**ADULT SIZES**

QTY	SIZE
_____	XS (2-4)
_____	S (6-8)
_____	M (10-12)
_____	L (14-16)
_____	XL (18-20)

QTY	SIZE
_____	S
_____	M
_____	L
_____	XL
_____	2X
_____	3X
_____	4X
_____	5X

# of paid Youth shirts	_____ x \$13	= _____
# of paid Adult shirts	_____ x \$13	= _____
# of paid 2X-5X Adult	_____ x \$16	= _____
Artwork Charge (if applicable):		\$ _____
Subtotal:		\$ _____

**Additional Information:**

Pricing is all-inclusive (artwork, setup, shirt, printing, & shipping.)

**A \$35 artwork charge applies if your order does not have 15 or more paid shirts.**

Tax: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

7% tax is for Indiana orders without a tax exempt form.

**Our total order of shirts ordered (including promo shirts) is:** \_\_\_\_\_.

**PAYMENT INFORMATION**

**Please make checks payable to A+ Images, Inc. (No parent checks)**

\_\_\_\_\_ Check # \_\_\_\_\_ is included with this order for the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is our approved P.O. # \_\_\_\_\_

\_\_\_\_\_ I wish to pay with a CREDIT card. I understand an invoice will be emailed to me to pay online. No credit cards will be taken over the phone. I understand my order is on hold until I pay the invoice.

\_\_\_\_\_ I wish to pay with a DEBIT card. I understand a link will be emailed to me to pay online via Square Cash. No debit cards will be taken over the phone. I understand my order is on hold until I pay the invoice.

**SHIP TO MY SCHOOL: (PLEASE PRINT)**

Street (UPS) address please, NO PO BOX

School \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Email: (required) \_\_\_\_\_

Fax: \_\_\_\_\_