

ZIP-UP HOOD ORDER FORM



CUSTOMER INFORMATION

NAME: _____ EMAIL/PHONE: _____

ORDER _____ DUE _____

DATE: _____ DATE: _____

(212) 267-7070

nycsewing@aol.com

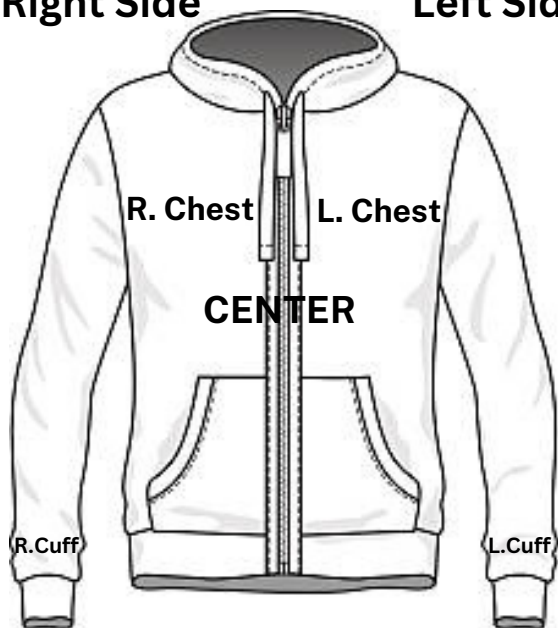
109 Lafayette St #302, New York, NY 10013

Size:	Color:	Qty:
-------	--------	------

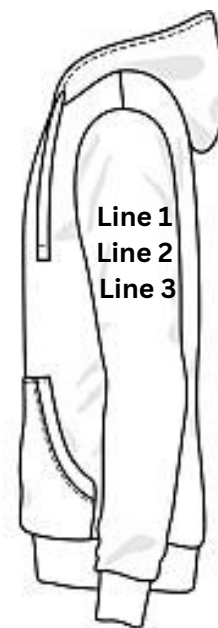
***Please indicate
Left or Right Side**

Right Side

Left Side



Hood (When down)
when worn



Applique

Greek Letters: _____

Background Color: _____

Foreground Color: _____

Additional Add ons:

- State Location of placement
- Applique or Embroidery or BOTH
- Color of applique patches or threads

Embroider Text

Location: _____

Text: _____

Font: _____

Color: _____

Indicate all additional information:
