

Numerals Sewn On (turn in with order)

7 ◆ Zipper or Sailor Collar add \$20.00

♦ Official School Mascot

◆ Activity Prideside

PACKAGE PRICE \$489 (Save Over \$90!!)*

HERFF JONES.



Herff Jones Letter Jacket / Class Ring Order Form Date _____ School Grad Year Student Name Male / Female Address _____ State ___ Zip ____ Cell Phone Email **SIZE:** XS SM MED LRG XL 2XL (+\$10.00) 3XL (+\$20.00) Sleeves ± ____ Length ± ___ Collar / Sleeve & Waist Bands __ Sleeves _ color color color Snaps _ Pockets_ Right Left School Thread Color: Back Patch (Up to 12 Letters) COMBO JACKET/RING PACKAGE PRICING FOR JACKET ONLY: \$100.00 Minimum Deposit Required SAVE OVER \$90.00!! ☐ All Wool Jacket_____\$135.00* \$489.00 (Plus Handling & Tax) ☐ Wool Body Jacket with Leather Sleeves \$165.00* √∧尺 \$200.00 Minimum Deposit Required ☐ Zipper Collar or ☐ Sailor Collar _____\$ 20.00 *Jacket Options Included in Package ----☐ Embroidered Name \$ 15.00* ☐ Sew on Letter or Patch (Turn in letter/patch with order)____\$ 7.95* WHITE ULTRIUM CLASS RING OPTIONS \square Sew on Additional Letter or Patch (Turn in with order) \bigcirc \$ 7.95 Ring Size ☐ Sew on Numerals (Turn in with order) \$7.95 Single* / \$15.00 Double* Century XL, S, XS / Princess ☐ Purchase and Sew on School Back Patch_____\$ 39.00* LaPetite____Oval/Square Top ☐ Purchase and Sew on Activity Patch_____ _\$ 24.00* All-Star / Crestline L, S \square Purchase and Sew on Additional Activity Patch \$\(\frac{\(\text{Q(ty)} \)}{\(\text{Q(ty)} \)} \\$ 24.00 Antique / Natural Finish ☐ COMBO JACKET/CLASS RING PACKAGE Engraving_____ \$489.00 *Included in Combo Jacket/Ring Package Birthstone Smooth / Cut Sub Total Sunburst / Rainbow / Vistavue # **Payments and Questions... Please Contact:** Mascot / Name on LaPetite JONES. Handling \$14.95 Prideside SM# Total 901 N 1st Street | DeKalb, IL 60115 NAME OVER _____ 815-756-4743 | HerffJonesIL.com Tax 6.25% Changes & Cancellations are accepted up to 3 business days **Grand Total** from the original order date. Deposit Payment Check #_____ Ocredit Card (Visa, MasterCard, Discover or American Express) O Cash Balance Due _____- _____ - _____- _____- _____ Exp. Date ____/ ____ Amount \$______ Name on Card Signature Billing Address if different from above: