



Employee Name: _____

Employee ID: _____

Hire Date: _____

Jacket Eligibility Date: _____



Short Sleeve T-Shirt
ST320
Sizes S-6XL



Long Sleeve T-Shirt
ST350LS
Sizes S-6XL

Please specify the sizes of the garments below. All garments will be Black.

Quantity	Style #	Shirt	Size
5	ST320	SHORT SLEEVE T-SHIRT	
3	ST350LS	LONG SLEEVE T-SHIRT	

After 90 Days, you will also receive one Jacket

Select	Style #	Shirt	Size
	J754	MEN'S CHALLENGER JACKET	
	L354	WOMEN'S CHALLENGER JACKET	



Men's Challenger Jacket
J754
Sizes XS-6XL



Women's Challenger Jacket
L354
Sizes XS-4XL

GARMENT FITTING WAIVER:

I fully understand if the garments do not fit, I will be personally responsible for all charges that occur, including return charges as well as the additional cost of buying replacement garments.

Signature: _____

Date: _____

Please submit order to department administrative assistant for final approval.