

MARCHING BAND SHOE ORDER FORM

style # L1425

\$39.00/pr. (includes shipping)

MAKE CHECKS OUT TO: NHSBPC

I am a 7th _____ 8th _____ F _____ S _____ Jr. _____ Sr. _____

NAME: _____

PHONE #: _____

MEN'S SIZE: _____ MEDIUM: _____ WIDE: _____

WOMAN'S SIZE: _____ MEDIUM: _____ WIDE: _____

MEN'S SIZES:

6 ½ THROUGH 10 ½ MEDIUM OR WIDE

11 THROUGH 15 (WHOLE SIZES ONLY) MEDIUM OR WIDE.

WOMAN'S SIZES:

5 THROUGH 12 (INCLUDING ½ SIZES) MEDIUM OR WIDE.

CHECK AMOUNT: _____ Check # _____

CASH AMOUNT: _____

Recommendation for ordering shoes: order your sneaker size. If in doubt, order a half size up.

- **Shoe sizes larger than listed above are \$43.50. Shipping is included in price.** (style # P6550)

USED SHOES OPTION:

_____ I want a used pair of shoes for \$10, if the band has my size in the bin. **(Please complete new shoe order form above, and send a check for a new pair in case we do not have a used pair that fits.)**

USED SHOE CHECK AMOUNT: _____

RETURNS/EXCHANGES WILL COST \$15.00