

2020-2021 THE ROBERTS ACADEMY UNIFORM ORDER FORM

(Please print)

STUDENT NAME: _____

GRADE: _____

<u>ITEM DESCRIPTION</u>	<u>PLEASE CIRCLE SIZE</u>		<u>PRICE</u>	<u>QTY.</u>	<u>AMOUNT</u>
DRI-FIT Short Sleeve T-Shirt- RED	Youth XS S M L XL	Adult XS S M L XL	10.00		
DRI-FIT Short Sleeve T-Shirt- ROYAL BLUE Note: 5 th Grade Only)	Youth XS S M L XL	Adult XS S M L XL	\$10.00		
DRI-FIT Short Sleeve T-Shirt- KELLY GREEN (Note: 6 th & 7 th & 8 th Grade Only)	Youth XS S M L XL	Adult XS S M L XL	\$10.00		
DRI-FIT Long Sleeve T-Shirt- RED	Youth XS S M L XL	Adult XS S M L XL	\$12.00		
DRI-FIT Long Sleeve T-Shirt- ROYAL BLUE (Note: 5 th Grade Only)	Youth XS S M L XL	Adult XS S M L XL	\$12.00		
PHYS ED SHORTS BLACK DRI-FIT WITH ELASTIC WAIST BAND (Note: 7 th & 8 th Grade Only)	Youth XS S M L XL	Adult XS S M L XL	\$10.00		
Students are required to wear Roberts Academy JACKETS ONLY !!!!					
DRI-FIT 1/4-Zip Pullover JACKET RED	Youth NOT AVAILABLE	Adult XS S M L XL	\$28.00		
DRI-FIT FULL-Zip JACKET RED	Youth XS S M L XL	Adult XS S M L XL	\$32.00		
SUBTOTAL:					
ADD TAX (7%):					
TOTAL AMOUNT DUE:					

Please indicate payment method: **CHECK ENCLOSED:** CK # _____ **OR** **VISA MC DISCOVER** (circle one)
 (Checks should be made payable to **S E O SPORTS CENTER, INC.**) **USE CREDIT CARD FORM - NEXT PAGE**

PARENT CONTACT INFO FOR ORDER PROBLEMS ONLY!!!!!!

E-MAIL ADDRESS _____

NAME _____

TELEPHONE # _____

(PLEASE PRINT)

QUESTIONS ??????? RGARCIASEO@TAMPABAY.RR.COM OR LAKELAND OFFICE 863-666-3159

TO PLACE ORDER: EMAIL TO: RGARCIASEO@TAMPABAY.RR.COM

FAX: 863.665.2066

MAIL TO: S E O SPORTS CENTER, INC

P.O. BOX 1540

HIGHLAND CITY, FL 33846-1540

PHONE ORDERS WILL NOT BE ACCEPTED!!!!!!!!!!



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 LAKELAND, FL 33803

PHONE
 863.666.3159

FAX
 863.665.2066

WWW.SEOSPORTSCENTER.COM

Rick Garia, President rgarciaseo@tampabay.rr.com

Mailing Address: P.O. Box 1540 Highland City 33846-1540

THE ROBERTS ACADEMY

UNIFORM PURCHASE CREDIT CARD FORM ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO PROCESS YOUR ORDER

CARDS ACCEPTED: VISA MASTER CARD DISCOVER (PLEASE CIRCLE ONE)

CARD # _____ / _____ / _____ .

EXPIRATION DATE: _____ / _____

3 DIGIT CODE ON BACK: _____ - _____ - _____

BILLING STREET # _____

BILLING ZIP CODE: _____ - _____ - _____

STUDENT NAME _____ GRADE _____

(PLEASE PRINT)

CARD USER'S NAME _____

TELEPHONE # _____ / _____ - _____ (FOR ORDER PROBLEMS ONLY)

THIS FORM WILL BE SHREDDED AFTER PROCESSING. NO INFO WILL BE RETAINED. YOUR RECEIPT WILL BE ATTACHED TO UNIFORM ORDER FORM FOR YOUR FILES.