
T-SHIRT



ORDER FORM

**Do not include patient's shirt below—patient will receive free T-shirt*

ADDITIONAL T-SHIRT ORDER FORM

CHILD:

Size	Qty	Cost per Shirt	Total
Extra Small (2-3)	_____	@ \$10.00 each	\$ _____
Small (4-6)	_____	@ \$10.00 each	\$ _____
Medium (7-9)	_____	@ \$10.00 each	\$ _____
Large (10-12)	_____	@ \$10.00 each	\$ _____
Total Child Shirts Ordered	_____	TOTAL AMOUNT	\$ _____

ADULT:

Small	_____	@ \$12.00 each	\$ _____
Medium	_____	@ \$12.00 each	\$ _____
Large	_____	@ \$12.00 each	\$ _____
X-Large	_____	@ \$12.00 each	\$ _____
XX-Large	_____	@ \$12.00 each	\$ _____
XXX-Large	_____	@ \$12.00 each	\$ _____
Total Adult Shirts Ordered	_____	TOTAL AMOUNT	\$ _____

(ORDER EARLY—QUANTITIES ARE LIMITED)

Please make check payable to: **MMCF/JJCCC**

Please return this form along with the signed permission form to:

JJCCC, 2801 Atlantic Avenue • Long Beach, CA 90806
or you may bring your forms and payment to the JJCCC Office at
701 E. 28th Steet, Suite 202 • Long Beach, CA 90806.

Please feel free to call the office at **562-933-8600** *Thank you!*