

Please press hard using a blue or black ink pen.

Cap & Gown
Order Form



Formal First Name and Formal Middle Name of the Graduating Senior: _____
 Formal Last Name: _____
 House Number: _____ Street Name: _____ Apartment No.: _____
 City: _____ State: _____ Zip Code: _____ Home Phone Number: _____
 School Name: _____ Male: Female: Today's Date: Mo. _____ Day _____ Yr. _____
 Office Use:
 Your e-mail address: Please provide your e-mail address if you would like Jostens to follow up with other offers.

 Please mark here if you do not want to receive future offers from Jostens.

Filling Ovals
Correct

Quantity Box
2
Correct

197



Height	Weight	Office Use	Mark Cap Size					Homeroom
<input type="text"/> <input type="text"/> feet inches	<input type="text"/> <input type="text"/> lbs.	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> XS 6 1/4 6 3/8	<input type="radio"/> S 6 1/2 6 3/4	<input type="radio"/> M 6 7/8 7 1/8	<input type="radio"/> L 7 3/8 7 5/8	<input type="radio"/> XL 7 3/4 8	<input type="text"/> <input type="text"/> <input type="text"/>

1. Cap-Gown-Tassel	<input type="text"/> Qty	A. Gown Only	<input type="text"/> Qty	B. Cap & Tassel Only	<input type="text"/> Qty
2.	<input type="text"/>				<input type="text"/> Qty
3.	<input type="text"/>				<input type="text"/> Qty
4.	<input type="text"/>				<input type="text"/> Qty
5.	<input type="text"/>				<input type="text"/> Qty
6.	<input type="text"/>				<input type="text"/> Qty
7.	<input type="text"/>				<input type="text"/> Qty
8.	<input type="text"/>				<input type="text"/> Qty

Credit Card Payments

Amount to be charged: _____
 Account Number: _____
 Expiration Date (required): _____ / _____
 month year
 Card Holder's Signature: _____
This is a customized order. The credit card will be charged upon receipt of this order.

Payment Area

Product Subtotal: _____
 Add Handling: _____
 Subtotal: _____
 Add Sales Tax: _____
 Total: _____
 Amount Paid \$: _____
 Balance Due: _____
 Mathematical errors will be corrected on final invoice.

Office Use Only - Rep Notes

Gratis: _____ Code: _____
 Order Taker Initials: _____ Check Number: _____

CG-197

PLANT COPY

LAST NAME AND MIDDLE NAME
 Mcdonald
 Janice Lynn

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