

(Office use only) _____ Date Entered _____
 Customer # _____ Order # _____
 Check # _____ Entered by _____
 Check Amt. _____ Checked by _____

A WISH COME TRUE® DANCE TEAM 2016
 2530 PEARL BUCK ROAD, BRISTOL, PA 19007
 FAX 800-755-9360 PHONE 800-755-2248
 WWW.AWISHCOMETRUE.COM



PLEASE USE THIS SIDE OF THE ORDER FORM FIRST			CHILD SIZES				TOTAL CHILD QTY.	CHILD UNIT PRICE	TOTAL CHILD PRICE	ADULT SIZES & SPECIAL SIZES*								TOTAL ADULT QTY.	ADULT UNIT PRICE	TOTAL SPECIAL SIZE QTY.	SPECIAL SIZE UNIT PRICE	TOTAL ADULT & SPECIAL PRICE							
STYLE #	CLR #	NAME	SC	ISC	MC	IMC				LC	SA	MA	LA	XLA	XLC	XXLC*	XXLA*												
CHILD TOTAL																													

All orders MUST include at least 50% deposit.

CHILD TOTAL

ADULT & SPECIAL TOTAL +

CHILD TOTAL +

TOTAL FROM OTHER SIDE =

TOTAL ORDER =

\$50 CUT FEE (IF ORDERING 3 UNITS OR LESS)

DISCOUNT -

SHIPPING (taxable) +

SUBTOTAL =

6% PA SALES TAX + PA RESIDENTS ONLY

GRAND TOTAL =

50% DEPOSIT -

BALANCE DUE =

BILLING AND SHIPPING INFORMATION (PLEASE PRINT)

CUSTOMER#: (AS PRINTED ON BACK COVER OF CATALOG) _____
 REQUIRED DATE : _____
 P.O. #: _____
 (PURCHASE ORDERS ARE ACCEPTED FROM COLLEGES, HIGH, AND MIDDLE SCHOOLS ONLY. NO BOOSTER PURCHASE ORDERS WILL BE ACCEPTED)

BILL TO

School/Studio _____
 Your Name _____
 Address _____
 City _____ State _____ Zip _____
 Day phone # _____ Cell phone # _____
 School phone # _____ School fax # _____
 Email : _____

GO GREEN Check box for email confirmation and UPS tracking #. Go paperless!

SHIP TO (IF DIFFERENT THAN BILL TO)

Recipient Name _____
 Address _____
 City _____ State _____ Zip _____

Ship to address is a: Business/School Residence

PAYMENT INFORMATION (PLEASE PRINT) PLEASE CHECK ALL BOXES THAT APPLY.

ENTIRE BALANCE ENCLOSED
 CHARGE ENTIRE BALANCE TO MY CREDIT CARD
 50% CHECK OR MO DEPOSIT ENCLOSED, WHEN ORDER IS COMPLETE:
 SEND COD CHARGE CREDIT CARD FOR BALANCE
 WILL SEND CHECK FOR BALANCE DUE (2 WEEKS TO CLEAR)
 CHARGE 50% DEPOSIT TO CREDIT CARD, WHEN ORDER IS COMPLETE:
 SEND COD CHARGE CREDIT CARD FOR BALANCE
 WILL SEND CHECK FOR BALANCE DUE (2 WEEKS TO CLEAR)
 BACKORDER OK SHIP COMPLETE ONLY
 SIGNED PO (MUST BE ATTACHED)

CREDIT CARD INFORMATION

CREDIT CARD # _____
 SECURITY CODE (PRINTED ON BACK OF CARD) _____ EXPIRATION DATE _____
 (FRONT FOR AMEX) _____

SIGNATURE _____ NAME ON CARD _____
 CREDIT CARD BILLING ADDRESS _____ CITY, STATE, ZIP _____

AUTH. CODE (OFFICE USE ONLY) _____

48 CONTIGUOUS STATES SHIPPING & HANDLING

Charge	Single Order Total
\$6	\$1 to \$99
\$10	\$100 to \$199
\$15	\$200 to \$299
\$20	\$300 to \$599
\$25	\$600 to \$999
\$35	\$1,000 to \$1,499
FREE	\$1,500 and up*

* After discount. When received with full payment. Not valid on PO orders.

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FOOTWEAR AND POMS ORDER FORM. PLEASE FILL OUT AND FAX BOTH FORMS IF ORDERING FOOTWEAR OR POMS.*

STYLE #	COLOR	NAME	SHOE SIZE	TOTAL QTY.	UNIT PRICE	TOTAL PRICE

All orders MUST include at least 50% deposit or a valid school purchase order. Items not returnable.

*POMS SOLD AS SINGLES. MINIMUM ORDER OF 8 POMS

All orders MUST include at least 50% deposit.

IMPORTANT! Remember to add your footwear & pom order total to your uniform total on the front of the order form. You MUST complete the front of the order form, even if you are only ordering footwear & poms.

GREAT FOR PLUS SIZE DANCERS

TOTAL THIS SIDE =	
TRANSFER AMOUNT TO OTHER SIDE	
CUSTOMER #	
SCHOOL/STUDIO NAME	
YOUR NAME	
CELL #	

	GIRL'S AND WOMEN'S SIZES									SPECIAL SIZES		
	SC	ISC	MC	IMC	LC	SA	MA	LA	XLA	XLC	XXLC	XXLA
bust	23½ - 26	25-27	26½ - 28½	27½ - 30	29 - 31½	32 - 34	34½ - 36½	37 - 40	40½ - 43½	34 - 36	36½ - 38	44 - 47
waist	22 - 23½	22 ½ - 23 ½	23 - 24	23½ - 25	24½ - 26	23 - 25	25½ - 27½	28 - 31	31½ - 34½	30 - 33	34 - 37	35 - 38
hips	23½ - 27½	25½ - 28½	28 - 30	30 - 32	30½ - 34	34½ - 35½	36 - 38½	39 - 42	42½ - 45½	36 - 38	38½ - 40	46 - 49
girth	40½ - 44	42 - 46	44½ - 48	47 - 51	48½ - 54	54½ - 57	57½ - 60	60½ - 63	63½ - 66	54½ - 56	57 - 59	66½ - 69
inseam	21	24	25	27	29	31	33	34	35	29	29	35