

Date _____



Custom Item Order Form

Customer Name _____

Phone: _____ Email: _____

| | |
|--|--|
| Item Description: | Size: |
| Color(s): | Quantity: |
| Customer In Hands Date: | Is the Customer picking up the order? YES NO If orders is going to be shipped, complete box below |
| Artwork provided? Additional Charges for Artwork: | Name: Group: Address: |

Special Instructions:

Crown Rep. Signature: _____

Customer Signature: _____