

Please fill out this form as completely as you can.
If you are unsure of prices, style numbers etc.
please just leave that portion blank and we will
complete it for you.

Please Send Returns to: 972 Payne Avenue - St. Paul, MN 55130

Phone: (651)776-2723 Outside Metro: 1-800-728-8082 FAX: (651)776-2880

			Returr	ı/Exc	change Fo	rm							
School	Name:			Order Numb					oer:				
Shipping Information:								ling Info	ormation	lress):			
Name:								me:					
Address	s:						Ado	dress:					
							City	ty:			State:		
			ne #:				ZIP Code						
							E-N	∕lail:			_		
		ou are returning below:							•				
Girl Bo	y Style#	Item Descri	iption	Logo	Color	s/s	S L/S	S	ize	Qty	Price	Total	
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Please b	riefly explain why y	you are returning the items:	How do you v	<u>exchar</u>			⊥_	L		J	.'	L	
			ļ.	one)				Visa	MasterCard Discov		scover	er American Express	
			- Refund my cred		Cre	dit Ca	rd #:						
- Send me a ch								Exp Date:	Security Code: (3-digit number on back o		on back of card or 4		
- Send me a store credit slip							· · ·					ront for AmEx)	
			- Call me for my	credit	card informati	on							
			- Please exchang	- Please exchange for the items listed below:									
			*If there is a price d	ifferenc	e, please provide	us wi	ith yo	our credit o	card inform	ation or include	a check for the dif	ference.	
Pleas	e I ist the iten	ns vou would like to reo	rder below: (If m	ore sna	ce is needed	nless		e back o	f sheet)				

Girl Boy	Style #	Item Description	Logo	Color	s/s	L/S	Size	Qty	Price	Total