

**Sandal Order Form**


Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Fill out name & phone # /circle sizes/attach funds (payable to BTSCF)**

**Please mail payment (\$20 per pair) to the following address no later than November 15, 2014:**

**BTSCF  
 PO Box 1650  
 Burlington, NJ 08016**

**Fill out name, phone #, email /circle sizes/attach funds**

			
	Youth / Men	Women	
	XXSM	1/2	
	XSM	3/4	5/6
	SM	5/6	7/8
	MED	7/8	9/10
	LG	9/10	11/12
	XLRG	11/12	
XXLRG	13/14		

**TOTAL PAIRS** \_\_\_\_\_ **TOTAL** \$ \_\_\_\_\_

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