

North Gate Farm

2010 APPAREL ORDER FORM

Rider Name: _____ Today's Date: _____

Person placing order: _____ Needed By: _____

Please tell us if this is a gift: YES NO

How do you want us to contact you when the item arrives? Phone: _____

Email: _____ Notes: _____

Prices include **one** logo of choice. Please check off one below:

- North Gate Farm North Gate Equestrian Team North Gate Pony Club Riding Center

Select an Item:	Color	Size	Price	add personalization \$6	Total per item
<input type="checkbox"/> Adult Crew Neck Sweatshirt	_____	_____	\$35.00		_____
<input type="checkbox"/> Adult Hooded Sweatshirt	_____	_____	\$45.00		_____
<input type="checkbox"/> Adult Zip-up Sweatshirt	_____	_____	\$40.00		_____
<input type="checkbox"/> Adult Polo Shirt	_____	_____	\$35.00		_____
<input type="checkbox"/> Adult Cotton T-shirt	_____	_____	\$15.00		_____
<input type="checkbox"/> Fleece Pull-over	_____	_____	\$35.00		_____
<input type="checkbox"/> Fleece Zip-up	_____	_____	\$45.00		_____
<input type="checkbox"/> Adult Long Sleeve Shirt	_____	_____	\$20.00	IEA or Pony Club on sleeve	_____
<input type="checkbox"/> Child Long Sleeve Shirt	_____	_____	\$18.00	IEA or Pony Club on sleeve	_____
<input type="checkbox"/> Duffle Gear Bag	_____	_____	\$40.00		_____
<input type="checkbox"/> Team/Club Jacket – Landscape	_____	_____	\$105.00		_____
<input type="checkbox"/> Team/Club Soft shell Jacket	_____	_____	\$110.00		_____
<input type="checkbox"/> Duffle Gear Bag	_____	_____	\$40.00		_____
<input type="checkbox"/> Child Crew Neck Sweatshirt	_____	_____	\$30.00		_____
<input type="checkbox"/> Child Hooded Sweatshirt	_____	_____	\$35.00		_____
<input type="checkbox"/> Child Polo Shirt	_____	_____	\$30.00		_____
<input type="checkbox"/> Child Zip-up Sweatshirt	_____	_____	\$35.00		_____
<input type="checkbox"/> Child Cotton T-shirt	_____	_____	\$15.00		_____

Grand Total: _____

Please indicate any personalization here: _____

We currently accept MasterCard, VISA, cash or check.
METHOD OF PAYMENT

Check/Money Order *Check Number* _____ *Check Amount* \$ _____

Cash enclosed \$ _____

VISA (13 or 16 digits) MasterCard (16 digits) Discover Amount to charge: \$ _____

Credit Card # _____ Security Code _____

Expiration Date (MM/YY) ____ / ____ Billing Zip Code _____

Name as it appears on card: _____

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For Office Use: Date order emailed: _____
