



PO Box 992 / 148 E Broadway St / Owatonna MN 55060

Page ____ of ____

☐ AT-ONCE ☐ QUALIFYING ☐ PROOF

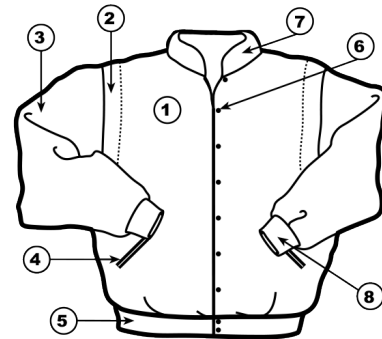
Holloway Customer No. _____

Submit to: sales@hollowayvarsity.com PH: 855-729-3024

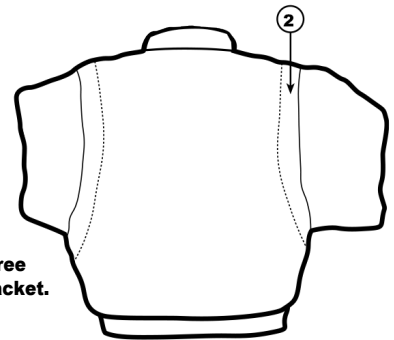
PO # _____

| | | | |
|-------------------|--|-------------|---------|
| Bill to: | | Ship to: | |
| | | Mark for: | |
| | | | |
| Email address: | | | |
| Date: | | Ordered by: | Phone # |
| | | | Fax # |
| Pre-Defined Name: | | | |

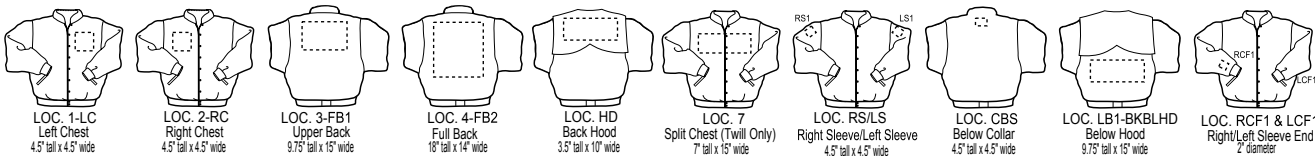
| AWARD JACKET STYLE # _____ | | |
|---|--|--|
| 1 | BODY | Color name _____ |
| 2 | INSERT (if applicable) | 1st Clr _____ 2nd Clr _____ 3rd Clr _____ Cord (opt) _____ |
| 3 | SLEEVE | Color name _____ or _____ / _____ / _____ Front Top Bottom |
| 4 | POCKET | Color name _____ Fabric _____ |
| 5 | KNITS | Pattern name _____ Color name _____ / _____ / _____ |
| 6 | CLOSURE | Snaps <input type="checkbox"/> Color name _____ Reverse <input type="checkbox"/> or Zipper <input type="checkbox"/> |
| 7 | COLLAR | Style# _____ Color name _____ / _____ Up Down Hood Braid Pattern# _____ Color name _____ / _____ / _____ |
| OPTIONS SKIP SECTION & LEAVE BLANK IF NO SPECIAL OPTIONS NEEDED | | |
| ZIP LINING | Horizontal Zip Lining (Std) <input type="checkbox"/> U-Shape Zip <input type="checkbox"/> If lining option is not specified, jacket (where applicable) will have a horizontal zip lining. | |



Sailors/Hoods - Up color is color showing when flat



Please feel free to draw on jacket.



| XS | SM | MD | LG | XL | 2X | 3X | 4X | 5X | Body Length | Sleeve Length | Total | Size | Body Length | Sleeve Length | Total | Size | Body Length | Sleeve Length | Total | Miscellaneous Notes |
|----|----|----|----|----|----|----|----|----|-------------|---------------|-------|------|-------------|---------------|-------|------|-------------|---------------|-------|---------------------|
| | | | | | | | | | | | | | | | | | | | | |
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Lengths: Regular=Leave Blank, P2=Long (+2"), P4=Extra Long (+4"), M2=Short (-2"), M4= Extra Short (-4"), Y=Youth see catalog for size ranges/upcharges

| ART | If NEW artwork, write NEW for Artwork ID & attach artwork with color info. If Re-Order, provide previous order # | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|------|--|--------------|---------|----------------|---------|---|---|---|---|---|--|--|--|--|--|--|--|--|
| Artwork ID# or Virtual Sample# | Size | Font | Lettering Design (Straight, Arch, etc.) | Art Location | Wording | Color Sequence | | | | | | | | | | | | | | |
| | | | | | | FILL | OUTLINE | 3 | 4 | 5 | 6 | 7 | | | | | | | | |
| | | | | | | 1 | 2 | | | | | | | | | | | | | |
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