

POLO SHIRT ORDER FORM

As we have resolved the design for the new polo shirts it is **time to order!**

- The cost is **\$50** which includes a small profit for the Group.
- Unisex and Ladies sizes available: XS; S; M; L; XL; 2XL to 5XL (see size charts below)
- We encourage you to order one for your loved one eg: son/daughter/brother/sister etc.
- Any queries please ring either Chair Bevan Dellar 0417 176 446 or Secretary Rachel Ivic 0413 011 610.
- Your ongoing support of projects to assist people with a disability in the community is greatly appreciated.



Pattern 052 - Polo S S - Unisex

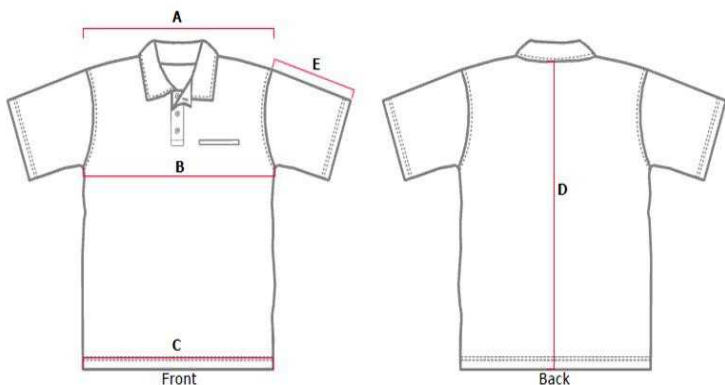
Front



Pattern 052 - Polo S S - Unisex

Back

Size Charts: Unisex

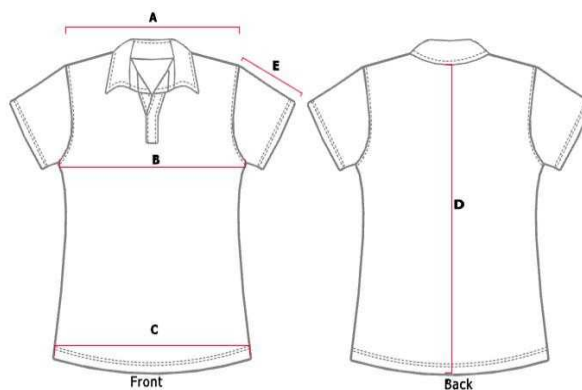


Measurement in cm

| | SIZES | | | | | | | | |
|------------------|-------|----|----|----|----|-----|-----|-----|-----|
| | XS | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| A. Shoulder | 48 | 50 | 52 | 54 | 56 | 58 | 60 | 62 | 64 |
| B. 1/2 Chest | 51 | 53 | 56 | 58 | 61 | 65 | 69 | 73 | 77 |
| C. Hem | 50 | 52 | 55 | 57 | 60 | 64 | 68 | 72 | 76 |
| D. Centre back | 68 | 70 | 73 | 75 | 78 | 82 | 86 | 89 | 93 |
| E. Sleeve Length | 22 | 23 | 24 | 25 | 26 | 27 | 29 | 30 | 31 |

Tolerance +/- 1.0 cm

Ladies



Measurements in cms

| | SIZES | | | | | | | | | | |
|--------------------|-------|----|----|----|----|----|----|----|----|----|----|
| | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 |
| A. Shoulder | 32 | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 | 52 |
| B. Chest | 41 | 43 | 45 | 47 | 49 | 51 | 53 | 55 | 58 | 60 | 63 |
| C. Hem | 41 | 43 | 45 | 47 | 49 | 51 | 53 | 55 | 58 | 60 | 63 |
| D. Back length HPS | 56 | 58 | 60 | 62 | 64 | 66 | 68 | 70 | 72 | 74 | 76 |
| E. Sleeve length | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Tolerance +/- 1.0 cm

TURN OVER TO ORDER



POLO SHIRT ORDER FORM

NAME: _____

COMPANY: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

PHONE No: _____

| Unisex / Ladies | Size | Quantity |
|-----------------|------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Payment Methods:

Cheque or Money Order

Made Payable To: Fairholme Disability Support Group Inc.
Post to: The Treasurer
PO Box 894
West Perth WA 6872

Direct Debit

Commonwealth Bank
BSB No. 066 130 Acc No. 00904988
Please include you name in the 'Description' field

Bankcard or Visa or MasterCard: [Please circle]

Card Number: _____ - _____ - _____ - _____

Card Expiry Date: ____/____

Card Holder's Name: _____

Signature: _____ Date: _____

The Group thanks you for your order in support of projects to assist people with a disability in the community