

# PCP UNIFORM & ACCESSORIES ORDER FORM

Form Submittal Date :

Class Start Date **ONLINE :**

**IN-PERSON :**

Name :

Address :

City :

Province :

Postal Code :

Phone :

Email :

Visa/Mastercard # :

Expiry Date :

CVD (3-digit code) :

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PICKED

18.5 (2XL)\*

SCANNED

13.5 (XS)    14.5 (S)    15.5 (M)    16.5 (L)    17.5 (XL)