



Custom Order Form for Swim Caps

Customer Name: _____

Phone: () _____

Email: _____

Contact Name: _____

Fax #: () _____

Complete & Fax to
1-800-846-7052
or mail to
2012 West College,
Normal, IL 61761

Sales Order #: _____

ALL CAPS WILL BE PRINTED IDENTICALLY ON BOTH SIDES UNLESS OTHERWISE INDICATED!

Place your logo in the blank area below:

Printable Space

7" W by 5" H Max



Order Min for Latex - 50
Order Min for Silicone - 25

Team Name: _____

Font Name: _____

Ink Colors: _____

Cap Color: _____

Latex or Silicone caps: _____

Quantity: _____

Art Dimensions

Height (Longest Point): _____

Width (Longest Point): _____