



# HBL BikeEd Merchandise Order Form

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

**\*\*Please give to form to instructors on the first day of classes\*\***



	Student Name:	Youth Sizes (Please Circle)			Adult Sizes (Please Circle)				Helmet (Please Circle)		\$ or Check #	Total Paid
		YS	YM	YL	AS	AM	AL	AXL	L	XL		
1		YS	YM	YL	AS	AM	AL	AXL	L	XL		
2		YS	YM	YL	AS	AM	AL	AXL	L	XL		
3		YS	YM	YL	AS	AM	AL	AXL	L	XL		
4		YS	YM	YL	AS	AM	AL	AXL	L	XL		
5		YS	YM	YL	AS	AM	AL	AXL	L	XL		
6		YS	YM	YL	AS	AM	AL	AXL	L	XL		
7		YS	YM	YL	AS	AM	AL	AXL	L	XL		
8		YS	YM	YL	AS	AM	AL	AXL	L	XL		
9		YS	YM	YL	AS	AM	AL	AXL	L	XL		
10		YS	YM	YL	AS	AM	AL	AXL	L	XL		
11		YS	YM	YL	AS	AM	AL	AXL	L	XL		
12		YS	YM	YL	AS	AM	AL	AXL	L	XL		
13		YS	YM	YL	AS	AM	AL	AXL	L	XL		
14		YS	YM	YL	AS	AM	AL	AXL	L	XL		
15		YS	YM	YL	AS	AM	AL	AXL	L	XL		
16		YS	YM	YL	AS	AM	AL	AXL	L	XL		
17		YS	YM	YL	AS	AM	AL	AXL	L	XL		
18		YS	YM	YL	AS	AM	AL	AXL	L	XL		
19		YS	YM	YL	AS	AM	AL	AXL	L	XL		
20		YS	YM	YL	AS	AM	AL	AXL	L	XL		
21		YS	YM	YL	AS	AM	AL	AXL	L	XL		
22		YS	YM	YL	AS	AM	AL	AXL	L	XL		
23		YS	YM	YL	AS	AM	AL	AXL	L	XL		
24		YS	YM	YL	AS	AM	AL	AXL	L	XL		
25		YS	YM	YL	AS	AM	AL	AXL	L	XL		
<b>Order Summary</b> (Please indicate the total number of each size & item ordered)											<b>Total Paid:</b>	