

# Return Form



Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Order #: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

School: \_\_\_\_\_ Sport: \_\_\_\_\_

Item(s) being returned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exchange    Credit

Reason for Return Pick one:

**Size:** if yes what would you like \_\_\_\_\_

**Color:** if yes what color would you like \_\_\_\_\_

**Defective :** if yes please explain what is defective

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like the defective item replaced with the same item? \_\_\_\_\_

Shipping Address for exchanged item:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include a completed copy of this form along with a copy of the original

invoice with the item(s) you are returning.