

SixO

ACTIVEWEAR

FAX: 613 829-6599

Designer

SixO Activewear Inc. | 15 Antares Drive, Unit 5 | Ottawa, Ontario | Canada K2E 7Y9

Tel: 613 829-8526 | Toll free: 1-877-814-9012 | Fax: 613 829-6599

E-mail: sixo@sixoactivewear.com

www.sixoactivewear.com

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Personal Information

CONTACT NAME:

GROUP POSITION:

TELEPHONE (DAY): () -

FAX: () -

EMAIL:

Group Information

GROUP NAME

AVERAGE AGE OF GROUP:

NUMBER OF ATHLETES IN GROUP:

Mailing Address for Correspondence & Shipping

NAME:

ADDRESS:

CITY:

PROVINCE/STATE:

POSTAL/ZIP CODE:

COUNTRY:

Please be sure to use this cover page when you fax back your design(s)

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