

ONE HEART WAY DOJO

GEAR ORDER

Date of order _____

Name _____

Phone _____ Email _____

Child Youth Adult Age (if under 21) _____

Height and weight (if uniform or similar) _____

ITEM(S)

<i>Item</i>	<i>Size</i>	<i>Color</i>	<i>Price</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____

Name of person paying _____

Amount paid _____ Date paid _____ Check Cash

Amount owed _____ Date due _____ Check Cash