

HBL BikeEd Merchandise Order Form



School Name:	
Teacher name:	

****Please Give this form to instructors on the first day of classes**

	Student Name:	Youth Sizes (Please Circle)			Adult Sizes (Please Circle one)				Helmet (Please Circle)		Keiki Membership	\$ or check #	TOTAL PAID
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			
	Order Summary (please indicate the total number of each size & item ordered)											TOTAL PAID:	