



MERCHANDISE ORDER & RETURN FORM

Date:	Constituent ID:
Name:	
Agency / Department:	

DUE DATES:

TORCH RUNNERS SHIRT ORDERS MUST BE SUBMITTED BY MAY 3. ORDERS PLACED AFTER THIS DATE MAY NOT ARRIVE IN TIME FOR THE RUN.

RUNNERS T-SHIRTS & HATS

	S	M	L	XL	2XL	3XL	4XL	AMOUNT DUE	ITEMS RETURNED
T-Shirt								x \$ =	x \$15.00 =
T-Shirt								x \$ =	x \$17.00 =
TOTAL								\$	\$

Please complete the requested form and submit to SOCT.

Attn: Lauren Young

laureny@soct.org

x264

Special Olympics Connecticut

2666 State Street, Suite 1, Hamden, CT 06517

(203) 230-1201 www.soct.org

Office Use Only:

Date Request Received at SOCT: _____ Date of Returned Items: _____

Total Monies Returned (Merchandise) \$ _____ Verified By: _____

LETR Form 2019