



Northeast Regional Cancer Institute CASUAL Day Order Form

Captain's Name _____

Captain's Phone Number (Required) _____

Captain's E-mail Address _____

T-Shirt Color: Black

NAME	Hats \$15	Socks \$12	Long Sleeve - \$20 each 100% cotton, Black							Short Sleeve - \$20 each 100% cotton, Black							Amount Due	Paid		
			S	M	L	XL	2XL	3XL	4XL	S	M	L	XL	2XL	3XL	4XL				
TOTAL																				

Please keep a copy of this form for your records.
 Checks should be made payable to the Northeast Regional Cancer Institute.
 Return collected money to:
 Northeast Regional Cancer Institute, 312 Adams Avenue, Scranton, PA 18503
Ordering deadline is Wednesday, March 13, 2024, at 4:00 p.m.
Call (570) 904-8808 for questions.