





Northeast Regional Cancer Institute CASUAL Day Order Form

Captain's Name _____

Captain's Phone Number (Required)_____

Captain's E-mail Address _____

NAME	Hats \$10	Socks \$12	Long Sleeve - \$20 each							Short Sleeve - \$20 each							Amount	Paid
			100% cotton, Aqua							100% cotton, Aqua							Due	
			S	Μ	L	XL	2XL	3XL	4XL	S	М	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 Friday, March 14, 2025, at 4:00 p.m.

Call (570) 904-8808 for questions.