



STARTER KIT ORDER FORM

Registration Account #



I will likely attend DCLA in:

DC LA

I estimate bringing _____ # of students

I am a paid volunteer youth worker

Please check here if you are the group leader attending DCLA

Contact Person _____

Title _____ Daytime Phone _____

Church/Organization _____

Address Church/Home _____

City _____ State _____ Zip _____

E-mail Address _____

Denomination _____

KITS: each kit comes with 1 t-shirt- please indicate size per kit

Medium _____
Large _____
XLarge _____
XXLarge _____

Total Kits: _____

Total Due: Kits are \$26-includes shipping \$

METHOD OF PAYMENT:

Check:
Checks are made payable to **Youth Specialties**
300 S. Pierce Street
El Cajon, CA 92020

Credit Card:
Cardholder Name _____

Number _____

Exp. Date _____

Signature _____

For Questions call Customer Service at 888-346-4179
OR
E-mail us at ys@youthspecialties.com