

OAK HALL CAP & GOWN

840 Union Street ★ Salem, VA 24153 ★ (540) 387-0047 ★ (800) 223-0429 ★ robe@oakhalli.com

SPECIAL ACADEMIC REGALIA ORDER FORM –

SOLD TO:

Name _____

Address 1 _____

Address 2 _____

City, State Zip _____

Email _____

Phone No. (_____) _____

SHIP TO: (If different than SOLD TO)

Please allow up to 8 weeks for shipment

Current Date: _____ Date Needed: _____
(If Possible)

Representative: Denise Plessala

MEASUREMENTS:

Please give all information requested.

1. To be tailored for ☐ MALE ☐ FEMALE

2. Height _____ ft. _____ in.

3. Weight approximate _____ lbs.

4. Chest measurement _____ inches

5. Shirt sleeve length _____ inches

(Measurement from center-back base of neck, over the top of the shoulder and along the outer arm to desired length - should correspond to men's shirt sleeve length)

6. Floor clearance desired _____ inches

(If not specified, robes will be sized approximately 8 inches from floor)

7. Cap or tam _____ inches

(Measure around the head approximately 1 inch above the brow, pulling the tape measure snugly. Give measurement in inches.)

SPECIAL REGALIA: ☐ Gown Only ☐ Tam Only

☐ Complete Outfit ☐ Hood Only

* Degree: _____ *

(GIVE EXACT WORDING OF DEGREE)

University: _____

Location: _____

Style, fabric and color are designated by the university. If you have any questions, please contact Oak Hall.

COST SUMMARY OF ORDER:

GOWN..... \$ _____

CORDING..... \$ _____

HOOD..... \$ _____

CAP/TAM..... \$ _____

TASSEL..... \$ _____

..... \$ _____

SUBTOTAL: \$ _____

SALES TAX: \$ _____

SHIPPING & HANDLING \$19.95

TOTAL COST: \$ _____

FULL PAYMENT MUST ACCOMPANY ORDER.

NOTE: Overseas orders or orders requiring special shipping will be billed accordingly.

CREDIT CARD INFORMATION:

CHECK TYPE OF CARD: ☒ MC ☐ VISA ☐ DISC ☐ AmEx

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

ACCOUNT NUMBER

□ □ / □ □

EXPIRATION DATE

AUTHORIZED SIGNATURE

CID _____