

# 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

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ACCOUNT NUMBER

□ □ / □ □

EXPIRATION DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

CID \_\_\_\_\_