Order Form

I.C.E. BANDS NORTHWEST

"In Case of Emergency"

Name _____ Date: _____

Organization _____ *Orders up to 3 bands:* _____

Street Name _____ Qty ____ @ $5.95 each $ - Total

City, State ZIP _____ *Orders of 4 or more bands:* _____

Phone _____ Qty ____ @ $5.00 each $ - Total

FREE SHIPPING & HANDLING

Color	LIGHT BLUE	TEAL	RED	GREEN	WHITE	BLACK	PINK	BLUE	PURPLE	ORANGE	LAVENDER
Code	**LB**	**T**	**R**	**G**	**W**	**BLK**	**PK**	**B**	**P**	**O**	**L**

Band size: **7" for Youth / Small Frame Females** **8" for Adults**

Size	Color	NAME and MEDICAL INFORMATION (if needed)
Emergency Contact #		I . C . E .

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For questions contact: **Brent Frederickson** www.icebandsnorthwest.com

Mail order forms to: ICE BANDS NORTHWEST

14846 SW Murray Scholls Dr., Ste. 110 PMB 139 brent@icebandsnorthwest.com

Beaverton, OR 97007 503-524-2553

Example: *(Please print)*

Size	Color	NAME and MEDICAL INFORMATION (if needed)
7	G	JONATHAN DIABETIC
		EMERGENCY CONTACT NUMBER (In Case of Emergency I.C.E.)
Emergency Contact #		I . C . E . 503-555-5555

To check band length: Cut on the dotted below, then cut the desired size (actual band is wider)

7"

8"