

EMO Spirit Wear EXCHANGE Form

Student Name: _____ Today's Date: ___/___/___

Parent/Guardian: _____ Phone: _____

Teacher's Name or Homeroom: _____ School: ES ___ MS ___

Item Description (ie T-Shirt, Hoodie, Zip -up): _____ Orig. Size: _____

New Size Requested: _____ (Please specify YOUTH or ADULT size)

Office Use Only:

Request Received: ___/___/___

Received by: _____

Item in Stock: ___ Yes ___ No

Item Ordered on: ___/___/___

Request Completed on: ___/___/___

Requested Completed by: _____