# SOUTHEAST IMPRESSIONS TEAM ORDER FORM

*SOUTHEAST IMPRESSIONS, LLC : 106 BAY CT. LEBANON, TN 37087*

*PHONE: (615) 443-4700 FAX: (615)443-4093 EMAIL: jspurlock@seimpressions.com*

SHERRY'S RUN TEAM : _____

CONTACT E-MAIL: _____

CONTACT NAME : _____

CONTACT PHONE # : _____

| | PARTICIPANT NAME | SHIRT SIZE |
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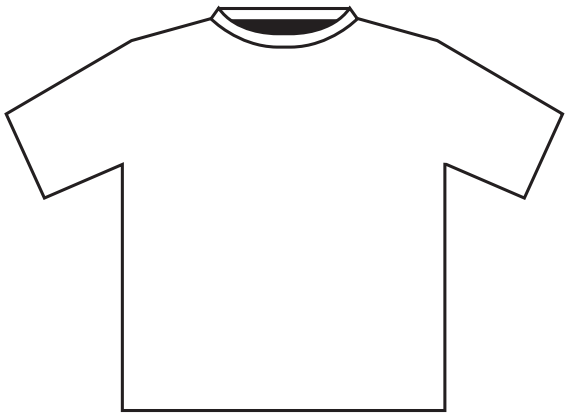
** MINIMUM 12 PCS ON ALL ORDERS*

SHERRY'S RUN

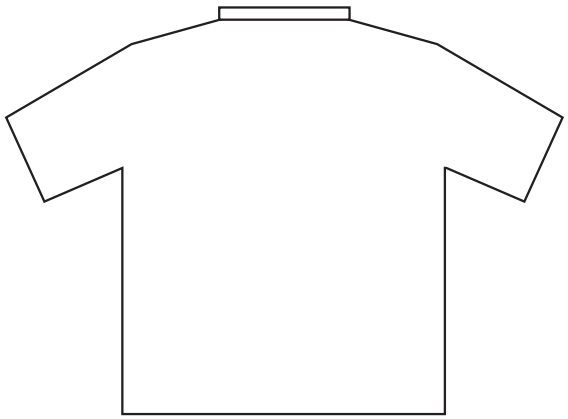
To benefit those affected by cancer, with an emphasis on colon cancer

*10% OF ORDER TOTAL DONATED BACK TO SHERRY'S RUN*

SHIRT COLOR: _____



INK COLOR (Fr.): _____



INK COLOR (Bk.): _____