SPORT A SHIRT, SHARE A NIGHT 2010

Please place your order by **Friday, April 9th** for delivery service to the Hospital on April 21st. Orders may be faxed to 919.966.7651. Payment is due upon delivery.

UNCH Dept: _____

EMAIL/PHONE: _____

TEAM COORDINATOR NAME: _____

EACH ITEM IS A $10.00 DONATION. INDICATE # OF SHIRTS PER SIZE DESIRED.
MAKE CHECKS PAYABLE TO: RONALD MCDONALD HOUSE OF CHAPEL HILL

Name	Youth XS	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult 2X	Adult 3X	Total Paid

You may need to use multiple pages. If so, please indicate the page number:

Page _____ of _____

Mail or Fax to:
Ronald McDonald House of Chapel Hill
101 Old Mason Farm Road
Chapel Hill, NC 27517
Fax: 919.966.7651