



****Mandatory Fields Required by Client**

Today's Date: _____

Date Needed: _____

Full Name: ** _____

Email: ** _____

Your Cell # ** _____

Department/Company ** _____

Rank: ** _____

Years of Service: ** _____

Regalia Colours	
<input type="checkbox"/> GOLD	<input type="checkbox"/> SILVER

Proof for Class A Uniform	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

----- Customer to Fill Out in Full -----

DEPARTMENT

- EMS
 Fire
 Security
 Hospitality
 Law Enforcement
 Emerg. Services
 Military
 Indigenous

Special Instructions or Requests:

Height (inches): **	Weight (lbs) **	Hat Size:	_____
Jacket Size:	InSleeve:	Overarm:	Chest:
_____	_____	_____	_____
Waist:	Seat:	OutSeam:	_____
_____	_____	_____	_____
Neck:	Sleeve:	Dress Uniform Jacket	_____
_____	_____	Style Code: _____	_____
Tie Style: <input type="checkbox"/> Clip Tie <input type="checkbox"/> Self Tie	Shirt Style Code: _____	Fitting Style: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____
<input type="checkbox"/> Black <input type="checkbox"/> Navy	<input type="checkbox"/> S/S <input type="checkbox"/> L/S	Service Bar	_____
Tie Bar: Style Code	<input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Grey	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Gold <input type="checkbox"/> Silver	<input type="checkbox"/> White <input type="checkbox"/> Mid Blue	<input type="checkbox"/> 3/4" <input type="checkbox"/> 1"	_____
Belt	Name Tag	<input type="checkbox"/> Feathers <input type="checkbox"/> Inushuk	_____
Style Code: _____	Style Code: _____	Collar Does	_____
<input type="checkbox"/> Plain <input type="checkbox"/> Basket Weave	Name to be Printed _____	<input type="checkbox"/> Shirt <input type="checkbox"/> Tunic	_____
<input type="checkbox"/> Nylon <input type="checkbox"/> Clarino	Proof on File <input type="checkbox"/> Yes <input type="checkbox"/> No	Braids	_____
<input type="checkbox"/> Width <input type="checkbox"/> Stitched		<input type="checkbox"/> Gold <input type="checkbox"/> Silver	_____
Belt Buckle:	Pants	<input type="checkbox"/> CAFC <input type="checkbox"/> O AFC <input type="checkbox"/> Other	_____
<input type="checkbox"/> Gold <input type="checkbox"/> Silver	Style Code: _____	Colour	_____
Foot Wear:	Colour: _____	<input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Other	_____
<input type="checkbox"/> Boots <input type="checkbox"/> Shoes	<input type="checkbox"/> Cargo <input type="checkbox"/> Non Cargo	Outerwear	_____
Style Code: _____	<input type="checkbox"/> Poly Cotton <input type="checkbox"/> Poly Wool	Style Code: _____	_____
Size: _____	<input type="checkbox"/> Low Rise <input type="checkbox"/> Hi Rise	Size: _____	_____
Width: <input type="checkbox"/> Reg <input type="checkbox"/> Extra Wide <input type="checkbox"/> Wide		<input type="checkbox"/> Black <input type="checkbox"/> Navy <input type="checkbox"/> Other	_____
		Slip Ons	_____
		Style Code: _____	_____
		<input type="checkbox"/> Black <input type="checkbox"/> With Flag <input type="checkbox"/> No Flag	_____
		<input type="checkbox"/> Navy <input type="checkbox"/> Custom	_____

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