BP-10-9/21

OAK HALL CAP & GOWN

840 Union Street • Salem, Virginia 24153 • 540-387-0047 • 800-223-0429 • Fax 540-387-4385 • robe@oakhalli.com

CUSTOM ACADEMIC REGALIA ORDER FORM

Please allow 6 to 7 weeks for shipment.

SOLD TO:

_____

_____

_____

Representative _____

Phone No. (_____) _____

PO No. _____

SHIP TO: (If different than Sold To:)

_____

_____

_____

Email for tracking information:

_____

Current Date _____ Date Needed _____ *(If Possible)*

GOWN: ☐ Bachelor ☐ Doctor - Jefferson ☐ Master ☐ Doctor - Madison

Fabric _____ Personalized Initials ___ ___ ___

Color of Velvet on Doctor's gown if other than black.

_____

Optional cording outlining Velvet-color _____

SPECIAL REGALIA: ☐ Complete Outfit ☐ Hood Only ☐ Gown Only ☐ Cap or Tam Only

Degree _____
(Give exact wording of degree.)

University _____
(Name of school where degree was earned.)

Location _____

Style, fabric and color are designated by the college or university. If you have any questions, please contact your bookstore representative or Oak Hall.

HOOD: ☐ Bachelor ☐ Master ☐ Doctor

Fabric _____ Color of Velvet _____

Degree _____
(Give exact wording of degree.)

University _____
(Name of school where degree was earned.)

Location _____

NOTE: *All PhD Doctor Hoods will receive PhD Blue Velvet unless otherwise noted. All other Hoods will receive velvet which corresponds with the last wording on your degree.*
Example: *Master of Science in Education will receive Education velvet unless otherwise noted.*

MEASUREMENTS: *Please give all information requested.*

1. To be tailored for ☐ Male ☐ Female
2. Height with shoes *(top of head to floor)* _____ ft. _____ in.
3. Approximate weight _____ lbs.
4. Chest measurement _____ in.
5. Shirt sleeve length _____ in.
   (Measurement from center-back base of neck, over the top of the shoulder and along the outer arm to desired length.)
   (Should correspond to men's shirt sleeve length.)
6. Neck size _____ in.
7. Floor clearance desired _____ in.
   (If not specified, robes will be sized approximately 8" from floor.)
8. Cap or Tam _____ in.
   (Measure around the head approximately 1 inch above the brow, pulling the tape measure snugly. Give measurement in inches.)

MORTARBOARD CAP

Fabric _____

Tassel Color _____ Size _____

DOCTOR TAM ☐ 4-Corner ☐ 6-Corner ☐ 8-Corner

Color of Velvet if other than black _____ Size _____

TASSEL: ☐ Regular Old Gold Silky
☐ Two-button, Gold Silky
☐ Two-button, Gold Metallic

COST SUMMARY OF ORDER:

GOWN	$_____
CORDING	$_____
HOOD	$_____
CAP/TAM	$_____
TASSEL	$_____
MISCELLANEOUS _____	$_____
SHIPPING & HANDLING	$ 19.95
SUBTOTAL	$_____
Applicable Sales Tax or provide copy of Exemption Certificate	$_____
TOTAL COST OF ORDER	$_____

FULL PAYMENT BY CHECK OR CREDIT CARD MUST ACCOMPANY ORDER

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ACCOUNT NUMBER ☐☐☐☐ EXPIRATION DATE

CREDIT CARD INFORMATION:

CHECK TYPE OF CARD: ☐ MC ☐ VISA ☐ DISCOVER ☐ AMEX

CVV CODE _____

_____
AUTHORIZED SIGNATURE

NOTE: *Overseas orders, or orders requiring special shipping will be billed at a higher shipping and handling charge.*