

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.

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

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.)

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

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

ACCOUNT NUMBER

☐ ☐ ☐ ☐

EXPIRATION DATE

CREDIT CARD INFORMATION:

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

CVV CODE _____

AUTHORIZED SIGNATURE _____