



# ALL SPORTS GUARDS

FOR ALL AGES AND SPORTS

905-973-7801 ALLSPORTSGUARDS.COM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROV./STATE: \_\_\_\_\_ POSTAL/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

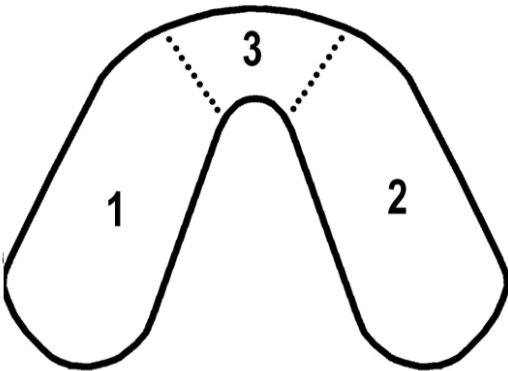
## MEDICAL

- 1) Have you been advised to take antibiotics before dental treatment?  Yes  No
- 2) Do you have any allergies?  Yes  No
- 3) If yes, to what? \_\_\_\_\_
- 4) Do you have any medical conditions we should be aware of? \_\_\_\_\_

Signature   X  

## MOUTHGUARD DETAILS

Type: Safeguard  Bio I  Bio II  Bio III  Psychodelic



- 1) Team logo?  Yes  No \_\_\_\_\_
- 2) What logo? \_\_\_\_\_
- 3) Name/number on guard \_\_\_\_\_
- 4) Decals on guard \_\_\_\_\_
- 5) Colour(s) \_\_\_\_\_

No Charge

TOTAL PRICE \_\_\_\_\_

Method of Payment: Cash  Debit  Visa  Mastercard  Cheque

DATE OF COMPLETION: \_\_\_\_\_ PICK UP  DELIVERY

REMARKS: