



Art Request Form

**FAX TO:
678-559-0307**

Date Submitted: ___ / ___ / ___

Contact Name: _____

Company Name: _____

Email Address: _____

Color of T-Shirt: _____

Imprint T-Shirt:

Front:

Ink Color(s) _____ **Placement:** **Full** **Left Chest** **Right Chest**

Back:

Ink Color _____ **Placement:** **Full** **Other**

Sleeve:

Ink Color _____ **Placement:** **Left** **Right**

Design (additional pages maybe attached if needed):

FRONT

BACK or SLEEVE

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For Georgia Promotions Only:

Art Request Received: _____

Art Proof Emailed: _____

Time Required to complete Art Proof: _____ (hours)