

J.U.M.P. Bracelet Order Form

Name: _____

Address: _____
Street or PO Box

Address: _____
City or Town State Zip

Enter quantity of bracelets:

___ Blue

___ Orange

___ Yellow

Please enclose a check made out to J.U.M.P., Inc. for \$10 for each bracelet ordered, plus 50 cents for shipping, and mail the check along with this order form to:

J.U.M.P., Inc.
P.O. Box 604
Harvard, MA 01451

Your J.U.M.P. bracelet(s) should be received within 5 days of order in the continental United States.