

Paradise Ride Kaua'i 2012 Jersey



A limited number of Jerseys will be available this year. The design for both the front and backside of the jersey is shown here. Further detail and the true impact will come to life as the ride takes to the roadways of the beautiful Garden Isle during this awesome event.



Reserve your 2012 Paradise Ride Kauai Jersey by ordering yours today!

A pre-order with payment is due by May 28, 2012 will guarantee your jersey at Rider Check in.

The cost of the Paradise Ride Kauai 2012 Jersey is \$75.00 each and all proceeds will benefit Malama Pono Health Services.

***** Remember, you can earn back the cost of your jersey if you fundraise \$500 or MORE by August 31st, 2012! Please refer to 'Fundraising Tips and Incentives' for complete details. *****

Women's Sizing Chart

Size	Size	Waist	Hips	Weight	Height	Chest
X SMALL	0-2	22-24	31-32	95-115	5'2" and under	30-32
SMALL	4-6	25-27	34-36	110-120	5'1" to 5'5"	32-34
MEDIUM	8-10	27-29	36-38	120-145	5'4" to 5'8"	34-36
LARGE	12-14	30-32	39-41	140-165	5'7" to 5'11"	36-38
X LARGE	16	33-35	42-44	160-185	5'10" and over	39-41
XX LARGE	20-22	36-38	45-47	190-205	5'10" and over	41-43
XXX LARGE	24-26	39-40	48-50	210-225	5'10" and over	43-45

Men's Sizing Chart

Size	Waist	Weight	Height	Chest
X SMALL	26-29	100-120	5'5" and under	33-35
SMALL	29-31	120-145	5'4" to 5'8"	35-37
MEDIUM	32-34	145-170	5'7" to 5'11"	38-40
LARGE	35-37	170-190	5'10" to 6'2"	40-42
X LARGE	38-41	190-220	6'1" to 6'5"	42-44
XX LARGE	42-45	220-250	6'3" and over	44-46
XXX LARGE	46-50	250-260	6'3" and over	46-48

Jersey Order Form

I am participating as a ☐ Cyclist ☐ Volunteer for the event and have already registered. I am including a check or money order, made out to Malama Pono **or** have filled in the credit card information below for the total amount due.

Name: First

M.I.

Last

How Many	Men's or Women's Style	Size	Price
1			\$75.00

Please make checks or money orders payable to Malama Pono Health Services

☐ By Check

☐ VISA

☐ MasterCard

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Name on Credit Card: _____ Signature: _____

Billing Address: _____
Street / P.O. Box _____ City _____ State _____ Zip _____

Send this order form along with your payment to:
Malama Pono Health Services
P.O. Box 1950
Lihue, HI 96766-5950