



Gumshields4u order form

Order Form

Student Name: _____

Address: _____

Email: _____

Phone: _____

School/Club: **Castleknock College**

Colour on the gumshield: **Sky blue and Navy**

Printed on your gumshield: **Name and crest of school**

Parental/Guardian signature: _____

Payment method (please circle): **Cash** **Cheque**

Cheques can be made payable to Gumshields4u
Please return completed form to Reception.

Cost per gum shield €50, you can purchase two for the same student for €85.

For persons going through Orthodontic treatment we do not recommend a custom fit gumshield until treatment is finished.