

GTM Recall Refund Form

To be filled out by person who will receive refund check

NAME: _____

STREET: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

PHONE: _____

To ensure timely processing of your refund, please fill out the above information and place YOUTH recall products and this form into a box and mail to:

GTM RECALL RETURNS
520 McCall Road
Manhattan, KS 66502

Refunds will be processed on a weekly basis. Please allow 2-3 weeks.

For additional information, contact GTM Sportswear at (800) 437-9560 between 7 a.m. and 7 p.m. CT Monday through Friday, and on Saturday between 8 a.m. and 1p.m., or visit the firm's Website at www.gtmsportswear.com.