



Oregon School Activities Association
 25200 SW Parkway Avenue, Suite 1
 Wilsonville, OR 97070
 503.682.6722 fax: 503.682.0960 http://www.osaa.org



Oregon Wrestling Weight Monitoring Program Assessment Supply Order Form

First Assessment Date: _____

Note: OSAA Certified BIA Assessors are required as a part of the regulation to provide the reagent strips for hydration assessments regardless of the location of the assessment. The only approved reagent strip in the Oregon Wrestling Weight Monitoring Program is the Bayer 8SG or 10SG Multistix. As a part of the standardized protocol of the program, Assessors are required to purchase the reagent strips and cups from the OSAA.

Order Information: _____ **Check here if you will pick-up order at OSAA office**

Schools may use a purchase order. Purchase Order must accompany this form. **PO #** _____

Fax 503.682.0960 **Email / Scan: kristiep@osaa.org**

All orders shipped via UPS within 48 hours to the Athletic Director of your affiliated high school or to a business address ONLY.

Please print clearly.

Assessor Name _____ School Name _____

Daytime Phone () _____ Email Address _____

Ship to: No P.O. Boxes No Residential Addresses

Business Name _____

Business Address _____

City _____ State _____ Zip _____

QTY	UNIT	DESCRIPTION	UNIT PRICE	COST
	1 box	CUPS & STRIPS – Bayer 8SG Multistix Reagent Strips, 100 strips / bottle and 100 Sample Cups with Temperature Strip	86.00	
	1 bottle	STRIPS ONLY – Bayer 8SG Multistix Reagent Strips, 100 strips / bottle	65.00	
	100 cups	CUPS ONLY – 100 Sample Cups with Temperature Strip	21.00	
NOTE: Shipping charge waived if order is picked up from the OSAA office.			SHIPPING	10.00
			TOTAL	\$

Tanita Scale Tape can be ordered through the Suplay website, <http://www.suplay.com/> Item number TP30.

We can no longer accept credit card information via fax or email. Please select one of the following payment options:

_____ **Check Enclosed**

_____ **Invoice School**

_____ **Call for credit card info** **Contact Name** _____ **Phone Number** _____

For OSAA Use Only

_____/_____/_____
 Check # / Amount / Date

_____/_____
 Invoice # / Date

_____/_____/_____
 Credit Card Approval # / Amount / Date

 Date Order Processed