

# Return Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Returns/Exchanges to: Everyone's Shadow Office Attn: 108 Squire Lane, Colchester, CT 06415