2100 W. HWY 12 LODI, CA. 95242

2020

Order Form

Name	2:		Ship Name:					
Address: _			City:		State: _	Zip C	Code:	
	Contact Phone	:		Email:				
		Check/Money (ection, I Do No					ne	
Otv						Total		
Qty	Order Number		Description			Total		
**See shipp	surements: Whi	tes:		Blues:				
Name:	Chest Under-Arm	Chest Over-Arm	Waist	Insea	am	Age	Height	
				2 line name	e tag 12.95	3 line na	ame tag 12.95	
lame tag order:				Add 7.00 postage for all name tag orders				
lack w/ whi	te lettering:							
White w/blue lettering:				Name tag information				
ilver w/ Blad	ck lettering:							