



Date _____

COLORADO PARENTS CLUB
NAME TAG
ORDER FORM

Name Tag #1

Parent Name _____

Cadet #1 Name _____ Class Year _____

Cadet #2 Name _____ Class Year _____

Name Tag #2

Parent Name _____

Cadet #1 Name _____ Class Year _____

Cadet #2 Name _____ Class Year _____

___ NAME TAGS @ \$10 EACH	
SHIPPING & HANDLING (\$1 EACH)	
TOTAL PAYMENT ENCLOSED	

Please complete the following information:

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

Make Checks Payable to: **USAFA CPC**

Mail to: Sue Baker, Treasurer
 6265 E. Jamison Circle N.
 Centennial, CO 80112

FOR OFFICE USE ONLY

Previous Balance	_____
This Order	_____
New Balance	_____

Questions? E-mail secretary@usafacpc.org