



HAT ORDER FORM



NAME: _____

ADDRESS: _____

PHONE: () _____

EMAIL: _____

Hat Selection

Style	Quantity	Unit Price	Cost
Camouflage		\$30	
Autumn Orange/Gray		\$30	
Total Order			

Makes checks payable to **MRLRC**

Send order form and checks to:

Christina Richmond
PO Box 463
Rochester, WA 98579

Hats will be ordered quarterly and must be picked up in person at a meeting or event.