



WAFDO POLO SHIRT ORDER FORM

Name: _____

Shipping Address: _____

City, State, Zip: _____

Requested Size & Quantity:

Small _____ Medium _____ Large _____ XL _____ XXL _____

The shirts are \$25 each and checks should be payable to WAFDO. Please send this form and payment to:

WAFDO

P.O. Box 460725

Glendale, CO 80246

If you have any questions, please contact Susan Parachini at 303-692-3646 or susan.parachini@state.co.us