Detachment of Vermont Shirt Order Form

Name on Shirt _____

Phone _____

Email _____

Address _____

City/State/Zip _____

Quantity	Description	Color	Size M,L,XL,2xl,3xl,4xl..	Long Sleeve or Short Sleeve	Amount

_____

Please submit to Detachment Adjutant at
mailto:detadjvt@gmail.com

Payment Due on Completion