



Colorado American Legion Baseball

Patch Order Form

Date: _____ Team Name: _____ Level: _____

Order Quantity

_____ X \$2.00 per patch = \$ _____

Please Ship Patches To:

Name: _____

Address: _____
Street

_____ City State Zip

Daytime Phone: (_____) _____

Email: _____

Enclose a check made out to : **CALB**

Mail Order Form & Check To:

CALB
P.O. Box 620847
Littleton, CO 80162

PLEASE ALLOW TWO WEEKS FOR DELIVERY