Official AMVETS Hat Order Form
AMVETS National Quartermaster

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Reset Form

All hats are $26.00 plus shipping and handling. Check box below for the type of hat to be ordered and indicate hat size. use a separate form for each hat ordered.

Hat Type

- ☐ AMVETS
  - ☐ Ladies ☐ Men's
- ☐ Auxiliary
- ☐ Son's of AMVETS
- ☐ Junior AMVETS
  - ☐ Ladies ☐ Men's

Hat Classification

- ☐ Post Hat
- ☐ Distirct Hat
- ☐ State Hat
- ☐ National Hat

Size _____
(Please see Cap Size Scale for sizing)

Cap Size Scale (Sizes may not be exact)

Cap Size		Head Size	Cap Size		Head Size
5 3/4	**	18 1/2"	7 3/8	**	23 1/8 "
5 7/8	**	18 5/8"	7 1/2	**	23 1/2"
6	**	19"	7 5/8	**	23 7/8"
6 1/8	**	19 3/8"	7 3/4	**	24 1/2"
6 1/4	**	19 3/4"	7 7/8	**	24 5/8"
6 3/8	**	20 1/8"	****		
6 1/2	**	20 7/8"	8	**	25"
6 5/8	**	20 7/8"	8 1/8	**	25 3/8"
6 3/4	**	21 1/4"	8 1/4	**	25 3/4"
6 7/8	**	21 5/8"	8 1/2	**	26 1/2"
7	**	22"	8 5/8	**	26 7/8"
7 1/8	**	22 3/8"	8 3/4	**	27 1/4"
7 1/4	**	22 3/4"	8 7/8	**	27 5/8"

It is only necessary to use this form if you are requesting lettering on your hat.
If you are ordering a plain hat you can use the regular order form.

Optional hat lettering $0.55 for each number or letter, including punctuation.
Minimum $6.00 per side charge for applique. Please type or print using block letters.

Right Side

_____ **(Title & Date(s))**

_____ **(Name)**

_____

Post Number _____

AMVETS

To affix a Life Member Patch instead of a regular AMVETS Patch, please include $5.00

Left Side

_____ (Life Member)

_____ (City/Post/Group)

_____ (State)

Basic Hat	_____
****	
Size 8 + $10	_____
Lettering	_____
Life Patch + $5	_____
Sub Total	$ 0.00
☐ Tax Ohio Only	$ 0.00
Shipping	_____
Total	$ 0.00

Hats returned for changes in embroidery will be assesed a service charge of $2.50, plus the cost of shipping. Charge for each lerrer/number removal is $0.90. Plrices are subject to change without notice due to market fluctuatiuons. Please allow 4-6 weeks for delivery.

Shipping Address (No P.O. Boxes) (Choose one) ☐ Residence ☐ Business ☐ Post

Attention: _____ Post # _____
Address _____ City _____ State _____ Zip _____
Day Phone _____ Alt Phone _____ Email _____

Method of Payment: ☐ Visa ☐ Mastercard ☐ Discover ☐ Check/Mony Order _____
Credit Card Number _____ Exp. Date _____
Name on Credit Card: _____ CSV Code _____
Billing Address: _____
City _____ State _____ Zip _____