486 AN (800)	www.GradGowns.com www.GradGowns.com pover street - Lawrence, massachus 585-5500 - (978) 686-4566 - FAX: (978) OMER INFORMATION	ETTS 01843 686-8177	COMPLE MAIL, F 3 to 4 REQUEST	STEP 1 TE THIS FORM AND FAX or E-MAIL IT WEEKS BEFORE TED DELIVERY DAT & GOWNS
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STEP 2 COMPLETE THIS FORM AND MAIL OF FAX IT BY NO LATER THAN 3 to 4 WEEKS BEFORE REQUESTED DELIVERY DATE

CAP & GOWN MEASUREMENT TRANSMITTAL FORM PAGE _____ of ____

___ CITY / TOWN: ___ SCHOOL NAME: _ _____ STATE: ____ NOTE: We do not need head sizes. Our caps are adjustable. Height in shoes from top of Needed only if order head to floor. Weight should be a true approximation. Please print Circle one is to be packed by homeroom or shop WEIGHT GENDER HOMEROOM LAST NAME FIRST NAME HEIGHT 1 M or F IN LBS FT 2 M or F FT IN LBS 3 M or F FT IN LBS 4 M or F FT IN LBS 5 M or F LBS IN FT 6 M or F IN FT LBS 7 M or F FT IN LBS 8 M or F FT IN LBS 9 M or F IN LBS FT 10 M or F FT IN LBS 11 M or F IN LBS FT 12 M or F FT IN LBS 13 M or F LBS IN FT 14 M or F IN LBS FT 15 M or F LBS FT IN 16 M or F FT IN LBS 17 M or F IN LBS FT 18 M or F FT IN LBS 19 M or F LBS FT IN 20 M or F FT IN LBS 21 M or F IN LBS FT 22 M or F FT IN LBS 23 M or F IN LBS FT 24 M or F FT IN LBS 25 M or F IN LBS FT

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STEP 3 COMPLETE THIS FORM AND MAIL OF FAX IT BY NO LATER THAN 2 to 3 WEEKS BEFORE REQUESTED DELIVERY DATE

CAP & GOWN LATE ADDITIONS TRANSMITTAL FORM

You do not need to sub We will provide you wit	TE ZIP	Price reflects late ord FOR YOUR RECORDS, OU Check Enclosed of IMPORTANT DATES DATE OF ORDER: DELIVER ORDER BY: DISTRIBUTION DATE: GRADUATION DATE: Sizes. Our caps are adju	\$25.00 each = \$ der processing & pa R FEIN IS: 04-2254371 r Bill us // // stable. Height in shoe rder head to floor. V by be a true app	s from top of Veight should
		homeroom or sh	lop	
LAST NAME	FIRST NAME	GENDER HOME	ROOM HEIGHT	WEIGHT
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2		M or F	FT IN	LBS
3			FT IN	LBS
4		M or F	FT IN	LBS
		M or F	FT IN	LBS
5		M or F	FT IN	LBS
6		M or F	FT IN	LBS
7		M or F		LBS
8		M or F		
9			FT IN	LBS
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11		M or F	FT IN	LBS
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