



Detachment of Florida

DETACHMENT COMMANDER'S POLO ORDER FORM 2024-2025



Name: _____ Squadron: _____

Phone: _____ Email: _____

DELIVERY METHOD

- Pick Up at HQ Orlando Pick Up at Dept Convention Pick Up at Fall Conference Delivery*

*An additional shipping flat fee of \$10 is required for delivery. Please allow 4-6 weeks for delivery. You will be notified before shipment.

Shipping Address: _____

City: _____ State: _____ Zip: _____

SHIRT OPTIONS Enter Quantity for each style/size.

Table with columns for Style, Size, Qty, and Cost. Rows include Men's Pocket and Men's No Pocket with sizes XS, S, M, L, XL, 2X, 3X, 4X.

TOTAL

Shirts are \$40 each, add \$2 each for Men's w/Pocket, price includes personalization. Please see the next page for personalization options. If tax-exempt, please include a copy of the exemption form, if not already on file.

Delivery is a flat rate of \$10. Pickups at headquarters, convention, and conference are free, however, please wait until you receive notification your order is ready before picking up.

Summary table with rows: Subtotal \$, Tax (6.5%) \$, Shipping \$, Grand Total \$

PAYMENT

Please return form and payment to Department Headquarters: Email (emblemsales@floridalegion.org) | Fax (407-299-0901) Mail (The American Legion, Dept of FL; Attn: Emblem Sales, PO Box 547859, Orlando, FL 32854)

- Cash Check # _____ Credit Card

Card Type: Visa Mastercard Discover American Express

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____



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PERSONALIZATION You are allowed up to two lines of personalization, with up to 20 characters on each line, including spaces and special characters. (Line 1 example: First Name Last Name. Line 2 Example: Squadron # Title)

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

Style: _____ Line 1: _____

Qty: _____ Size: _____ Line 2: _____

By signing below, I agree that I have verified the information provided as correct and free of errors. I acknowledge that The American Legion, Department of Florida is NOT responsible for incorrect information provided.

Signature: _____ Date: _____