C&C EMS UNIFORM ORDER FORM

First Name:_____LastName:_____Date:_____

Service Stars:_____

Epaulet:_____ Supervisor or District Chief

E-mail Address:_____

Contact Number:_____

Embroidered Name:_____

Circle Title: Paramedic EMT Supervisor District Chief Other

_____

Paragon Plus: Qty:_____Size:_____

511 Taclite: Qty:_____Size:_____Hem:_____

TexTrop2 Shirts: Qty:_____Size:_____

TexTrop2 Pants (FOS, Administrative Chiefs): Qty:_____Size:_____

ST650 Collared Polo Shirts:

Communication: Iron Grey Qty:_____Size:_____

Support Services: Black Qty:_____Size:_____

Training Shirts: Men's: ST650 or Women's: LST650

Circle Color: Iron Grey or Royal Qty:_____Size:_____

JR's
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