



CPID Apron Order Form

Date _____

Council # _____

Quantity _____ at \$11.00/each = \$ _____

Send to:

Name _____

Address _____

City and Zip _____

Phone _____

Email _____

Please include payment with orders mailed in.

Orders emailed or faxed will be invoiced to the council.

Email to: kcedp915@gmail.com

Mail:

**Ed Pancrazio
915 S. 17th St
Centerville IA 52544-2701**