

# Josten's

## Student Cap and Gown Order Form Flathead Valley Community College

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Campus:** Main Campus (Kalispell) \_\_\_\_\_ LCC (Libby) \_\_\_\_\_

**Male** \_\_\_\_\_

**Female** \_\_\_\_\_

**Height** \_\_\_\_\_

**Weight** \_\_\_\_\_

**Cap Size:** X Small \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_

Large \_\_\_\_\_ X Large \_\_\_\_\_

**Type of Degrees:** Associates \_\_\_\_\_ Certificate \_\_\_\_\_