

# Heat Illness Prevention Program Tool Kit Order Form



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Quantity	Heat Illness Prevention Program Tool Kits	Total Amount Due:
_____	@ \$7.50 each	\$ _____

Make check payable to :

**Western Agricultural Processors Association**

Mail to:

**1785 N. Fine Avenue  
Fresno, CA 93727**