



## NMU Detroit Red Wings Hat Request Form

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

Grad Year (if applicable): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Hat Quantity Requested: \_\_\_\_\_

Check Amount (\$25/hat): \_\_\_\_\_

Make check payable to: NMU Alumni Relations

Mail to :  
Northern Michigan University  
Alumni Relations  
1401 Presque Isle Avenue  
Marquette, MI 49855

*Please allow 7-10 business days for our office to process your request.*