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Address _____
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SHIP TO: (UPS cannot deliver to P.O. Boxes) Organization:
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Your Name: _____
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Event Date _____

Pg	Qty	Pkg SIze	Item #	Description	Unit Price	Total

METHOD OF PAYMENT: ☐ Check/Money Order Enclosed ☐ Mastercard ☐ Open Account (net 30) ☐ Visa

Subtotal		
Shipping Charges*		
Add 6% Sales Tax or provide tax exempt certificate		
Total Amount		

Prizes needed by: _____

_____
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*
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