

Group: _____ Event Date: _____

Your Name and Address:

First & Last Name:					
Mailing Address:					
City:		State:		Zip:	
Daytime Phone:		E-Mail:			

Print Instructions for custom work: Sketch as best you can.

Payment Information:

Items Ordered:		Extended Price:	
Additional Fees:	Add Postage:	Total:	
Type of Credit Card:	Visa ___ MC ___ Disco ver _____	Amount Enclosed:	
Credit Card No:		check #:	
Expiration Date:			
Notice:			

1. Pre-Payment is required on all orders.

Hattricks Merchandise
PO Box 6098
Kingman, AZ 86402

For any other information or questions, contact:

928.692.3712
