



ASA Logo Gear Order Form



Item #	Description	Size	Color	Quantity	Price
Totals					

Hand in your order with payment in a sealed envelope marked "ASA Gear" to your First Period Teacher.

Name _____

Student's Name _____ Grade _____

Payment Method Cash Check # _____ Visa MC
(made payable to ASAPC)

Visa or MasterCard Number _____ Expiration _____

3 or 4-digit number on back of card _____ Amt. of Purchase \$ _____
Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer. Thank you for using Visa/MC.

Signature _____ Date _____ Zip Code _____

Phone _____ email _____

All orders **Due by Thursday, Dec. 8.** Thank you!

Questions?? Contact Lisa Pomraning at azlisap@cox.net or 480-283-1269