CLIENT NAME: _____ **DATE OF EVENT:** _____

ADDRESS: _____ **ORDER TOTAL:** _____

_____

PHONE: _____

ORDER FORM

Item	**Qty.**	**Line Total**
Base Package	**----**	$
	Subtotal	
	*S&H (for Orders being mailed)	
	ORDER TOTAL	

Mail completed order forms and payment to:

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Cumberland, MD 21502

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