

# Patch Order Form

## Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

School or Organization \_\_\_\_\_

## Billing Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Number of Patches: _____ x \$5.00 ea	Subtotal: _____
Shipping Cost:	
1-5	\$3.00
6-10	\$4.00
11-20	\$5.00
21-30	\$6.00
31-40	\$7.00
41+	\$10.00
	_____
	Invoice Total: _____

## Shipping Address

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Special Shipping Instructions:

Send Completed form to:

**NAMMB**  
**Jim Jones, Executive Secretary**  
**101 Rambling Road**  
**Carthage, TX 75633**