



MAOT/MAO Sponsor PACK Partnership ORDER FORM

State _____

Director Name: _____

Email to Invoice: _____

Shipping Address: _____

Phone: _____

<u>Color Type</u>	<u>Amount per color/type</u>					
Clear Regular	10	20	30	40	50	x \$5 _____
Clear Princess	10	20	30	40	50	x \$5 _____
Blk. Regular	10	20	30	40	50	x \$5 _____
Blk. Princess	10	20	30	40	50	x \$5 _____
Tortoise Regular	10	20	30	40	50	x \$5 _____
Tortoise Princess	10	20	30	40	50	x \$5 _____
					TOTAL	= _____
					Shipping & Handling (\$2 per 10)	+ _____
					Total be invoiced	= _____

I acknowledge that CrownClips is providing this sponsorship for the above named State MAO/MAOT pageant so that my state can earn funds for scholarships and other program needs in the amount of (total x 3) _____. I agree to recognize CrownClips as a donor to our program.

_____ *Date*

_____ *Name & Title*

PO Box 34, Middlebrook, VA 24459
 Physical Address: 6287 Middlebrook, VA 24459
www.CrownClips.com
 (540) 292.0978

SPECIAL INTSTRUCTIONS: _____