



AVA C-19 WALKING MASK ORDER FORM

AVA Club Number: _____ AVA Member Number: _____

Club Name / Individual Name: _____

Shipping Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

ITEM DESCRIPTION	QUANTITY	COST	TOTAL
1. White Mask	_____	\$9.75 EA./2 FOR \$17.50	_____
2. Black Mask	_____	\$9.75 EA./2 FOR \$17.50	_____
			SUBTOTAL _____
Shipping: 1-4 masks	\$5.00		Shipping & Handling _____
5+ masks	\$7.50		
			TOTAL \$ _____

Payment Type Individuals / Clubs:

Payment Enclosed: _____ Check Number: _____ Charge My Credit Card: _____

Card Type: _____ Visa _____ Mastercard _____ Other

Card Number: _____ Expiration Date: _____ CVV # _____

Signature: _____

Clubs Only - Bill Club: ____ Club payments are due no later than 30 days after statement date.

Submit Requests to:

Marian DeVaul: marian@ava.org

American Volkssport Assoc.
1001 Pat Booker Rd., Suite 101
Universal City, TX 78148-4147