



AFRAA Merchandise Order Form

NAME: _____ **DATE:** _____
First MI Last

HOME PHONE: (____) _____ **CELL PHONE:** (____) _____

ADDRESS: _____
Street / Apt.# City State Zip

Challenge Coins \$10 ea.

Amt. Ordered _____ x \$10 ea. Total \$ _____

Hat Only \$15 ea.

Amt. Ordered _____ x \$15 ea. Total \$ _____

Hat & Shirt Combo \$40 combo *** SAVE \$5 ***

Size Med _____ Size Lg _____ Size XLg _____

Total Ordered _____ x \$40 combo Total \$ _____

Shirt Only \$30 ea.

Size Med _____ Size Lg _____ Size XLg _____

Total Ordered _____ x \$30 ea. Total \$ _____

GRAND TOTAL \$ _____

Mail order form and check to:

**AFRAA
PO BOX 443
UNIVERSAL CITY, TX 78148**

Thank you for your order!