

OIL BOWL PHOTOGRAPH PURCHASES

Select All That Apply: (cost is \$10 each page)

- | | | | | |
|----|---|---|----------------|--------------------|
| 1. | <input type="checkbox"/> Individual Player (one 8X10) | Quantity _____ | X \$10.00 | _____ |
| 2. | <input type="checkbox"/> Individual Player (two 5X7) | Quantity _____ | X \$10.00 | _____ |
| 3. | <input type="checkbox"/> Individual Player (two 4X6) | Quantity _____ | X \$10.00 | _____ |
| 4. | <input type="checkbox"/> Individual Player (four 3.5X5) | Quantity _____ | X \$10.00 | _____ |
| 5. | <input type="checkbox"/> Team Photo (one 8X10)) | E-TX W-TX
<small>(circle one)</small> | Quantity _____ | X \$10.00
_____ |
| 6. | <input type="checkbox"/> Team Photo (two 5X7) | E-TX W-TX
<small>(circle one)</small> | Quantity _____ | X \$10.00
_____ |
| 7. | <input type="checkbox"/> Team Photo (two 4X6) | E-TX W-TX
<small>(circle one)</small> | Quantity _____ | X \$10.00
_____ |
| 8. | <input type="checkbox"/> Team Photo (four 3.5X5) | E-TX W-TX
<small>(circle one)</small> | Quantity _____ | X \$10.00
_____ |

TOTAL AMOUNT OWED: _____

Payment Options:

- (1) Cash
 (2) Check payable to **Maskat Shrine**
 (3) Credit Card (fill out credit card information in box below)

Credit Card: Visa MasterCard Discover AMEX Amount: _____
(Check Appropriate Box)

Card Number _____ Card Expires _____ / _____
Month Year

Print Card
 Holder's Name _____ Signature _____

Card Billing Address (if different from address below) _____

Your Information:

NAME: _____

EAST OR WEST TEXAS PLAYER (**E or W**) _____ OIL BOWL PLAYER # _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONES: _____ E-MAIL ADDRESS _____