NAIA World Series DVD Order Form

GAME #	YEAR	HOME	V S	VISITOR	DVD QTY	Pull	P.U.
		Team Name		Team Name	$20 each	Office Use	Office Use
Opening Ceremonies							

Total # of DVDs x $20 = _____ **Amount Due** _____

Payment Options

☐ **CAS H** ☐ **CHECK #** ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** **EXPIRATION DATE** ____/____

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name as shown on card (please print) _____

Signature _____

Contact Information

(____) ____-_____ (____) ____-_____ Day Time and/or Evening Phone #'s

_____

Name

_____

Mailing Address City State Zip

_____

Shipping Address City State Zip

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jlking@lcsc.edu OR www.naiaworldseries.com