

Aloha Stadium "Stars" DVD Order Form/Receipt

CUSTOMER INFORMATION: (PRINT CLEARLY)		DVD Hotline and Information: 486-9511	
Name: _____			Date: _____
Last	First	Middle Initial	
Address: _____			
Number	Street	Apt#	

City	State	Zip Code	

Telephone: _____			
Home	Cell/Work	E-Mail	

ORDER REQUEST: (Please Be Specific With Event Desired)			
Event: _____	Date: _____	# of DVD _____	x \$25.00= _____
Event: _____	Date: _____	# of DVD _____	x \$25.00= _____
Event: _____	Date: _____	# of DVD _____	x \$25.00= _____
Event: _____	Date: _____	# of DVD _____	x \$25.00= _____
Event: _____	Date: _____	# of DVD _____	x \$25.00= _____
Checks payable to ALOHA STADIUM.		Mail To: Aloha Stadium/ DVD	Total Cost= _____
		P.O. Box 30666 Honolulu, HI 96820-0666	
Note: SERVICE FEE (\$25.00) will be assessed for returned checks. Allow 6 weeks for processing			

*****Aloha Stadium Personnel Use Only*****

SCOREBOARD CONTACTED:		
Order Form to Scoreboard by: _____	Date: _____	Comments: _____
Order Received From Scoreboard: (Date) _____	Comments: _____	

DVD ORDER COMPLETION:	
Mailed Out By: _____	Date: _____
Comments: _____	

CHECK INFO:	
Check Written By (Other than above) _____	SS# _____
Deposit Date: _____	Batch No# _____
Payment: Check one: <input type="checkbox"/> Check	<input type="checkbox"/> Money order
	<input type="checkbox"/> Cash