Order Number _____

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# _____ Check No# _____ Bank No# _____
Payment: Check one: ☐Check ☐Money order ☐Cash

Distribution: Customer (1), Events (1), Scoreboard (2).
STAD-2-2(rev 01/04/10)