



NSAA CHAMPIONSHIP PROGRAM ORDER FORM

Contact Name: _____

Phone Number: _____ Email Address: _____

Program of Choice (please indicate quantity):

- | | | |
|---------------------|--|---------------------|
| _____ Girls Golf | _____ Play Production | _____ Speech |
| _____ Softball | _____ Wrestling | _____ Soccer |
| _____ Boys Tennis | _____ Dual Wrestling | _____ Baseball |
| _____ Cross Country | _____ Swimming & Diving or SW/D Finals | _____ Girls Tennis |
| _____ Volleyball | _____ Girls Basketball | _____ Track & Field |
| _____ Football | _____ Boys Basketball | _____ Boys Golf |

Programs will be available for purchase after their respective championship, while supplies last

Programs are from the current school year unless otherwise specified

Total Number of Programs: _____

Cost per Program: _____ x \$4.00ea (Swimming & Diving Finals \$2.00)

Additional Fee (if necessary): \$ _____

Total Amount Due: \$ _____

Payment Information (please indicate which form of payment will be used and include with this order form):

- _____ Check
 _____ Credit Card (additional \$2.50 service fee)

Cardholder: _____

Card Type (please circle): VISA Mastercard Discover American Express

Card Number: _____ Expiration: _____ CVV Code: _____

Billing Address: _____

City, State, ZIP: _____

Preferred method to receive program(s):

- _____ Pick up at the NSAA Office, 500 Charleston Street, Lincoln
 _____ Mail (please include address)

Name: _____

Address: _____

City, State, ZIP: _____

Return order form by mail, email (scan in) or fax with payment (information) to:

NSAA
 Attention: Championship Program Order
 500 Charleston Street, Suite 1
 Lincoln, NE 68508-1119

Email: Alicia McCoy at amccoy@nsaahome.org
 Fax Number: 402-489-0934