

Spring Tri-Club Invoice
P.O. Box 162
Spring, TX 77383
20 __ Show

ADD-ON

	amount
1. STUDENT: _____	_____
2. STUDENT: _____	_____
3. STUDENT: _____	_____
4. STUDENT: _____	_____
5. STUDENT: _____	_____
6. STUDENT: _____	_____
TOTAL	_____

DONATOR: _____	
ADDRESS: _____	
HOME PHONE: _____	WORK PHONE: _____
() PAID CASH _____ () PAID CHECK # _____	
Payment within 15 days is appreciated since exhibitors are not paid until all projects are paid for. Please make check payable to Spring Tri-Club.	
I assume full responsibility for payment of the above item.	
DONATOR / DESIGNATED AGENT SIGNATURE: _____	