

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= _____

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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