

NH FOOTBALL OFFICIALS ASSOCIATION RING

First Name: _____ Last Name: _____

Address:				· · · · · · · · · · · · · · · · · · ·	
City:		State:	Zip:		
RAISED NAME (Typically last na	me):				
YEARDATE:	DATE: (year started as official)		Circle Stone Color	rcle Stone Color Below	
JAN FEB MAR APR	MAY JUN JUL	AUG SEP	OCT NOV DEC	ВКО	
PLEASE FILL OUT ABOVE & CIRCLE THE OPTION YOU WANT TO PURCHASE BELOW					
Metal Options	(Circle choice)	<u>Cost</u>			
White Lustrium (Silver Colored Alloy) \$150.00 (Please add \$7.95 for shipping)				pping)	
Suncast (Gold Colore	35.00 (Please add \$7.95 for shipping)				
PAYMENT OPTIONS:					
1. Provide Credit Card info below and scan/email or mail completed form to:					
ScholasticSolutions@Jostens.com Toll Free 888 248 9084					
2. Mail completed order	form with check to:	Jostens; PO B	ox 598; Charlton	MA 01507	
Credit Card #:		Exp Date:	cvc:		
NAME on CARD:	Billing Zip Co	ode:			