

2019
TGOA/MGCA CALENDAR FORM

DATE: _____

CLUB #: _____ REGION #: _____

CLUB NAME:

SHIP TO NAME:

SHIP TO ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

QUANTITY	UNIT PRICE AFFILIATED CLUB/PERSON	UNIT PRICE NON- AFFILIATED GROUP/PERSON	TOTAL DOLLAR AMOUNTS
	1-200.....\$3.50	\$3.75	
	200 -400....\$3.25	\$3.00	
	400+.....\$3.00	\$2.80	
	Figured at HQ....S&H	
		GRAND TOTAL ENCLOSED	

YOU ARE RESPONSIBLE FOR PAYMENT AND ACCEPTANCE OF THESE ORDERS AS PLACED. INVOICE WILL BE SENT WITH CALENDARS.

Please check below which option applies to your order:

____ Ship calendars to name and address above

____ Will pick up on _____ (enter date and call ahead for time).

Send order form to: **TGOA/MGCA
P.O. Box 241
Johnston, IA 50131-0241**