

CR PLEASE USE A PEN (NOT PENCIL) AND PRINT FIRMLY AND CLEARLY



Student's First Name										Student's Last Name									
Address:										Guardian Email:									
City & Zip:										Guardian Name:									
School Name:										Guardian Phone:									
School City & State:										Gender <input type="radio"/> Male <input type="radio"/> Female									
ORDER DATE: / /																			

Size requested by:
Remakes will be at Customer Expense

SIZING WILL BE DONE AT SCHOOL

State Association (CIRCLE YOUR STATE)

Alabama Alaska Alberta Arizona Arkansas Australia British Columbia California Colorado Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Manitoba Maryland Mexico Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Jersey New Mexico New York New Zealand North Carolina North Dakota Ohio Oklahoma Ontario Oregon Pennsylvania Saskatchewan South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington W. Virginia Wisconsin Wyoming

BELOW IS A SAMPLE OF THE RING DESIGN



This is a fixed design. Only the side shanks are customizable.

Last Name (Case-Sensitive)
(Write exactly as you want to appear)
Graduation Year

EVENT NAME (icon displayed on shank)

<input type="radio"/> BAREBACK RIDING	<input type="radio"/> BULL RIDING	<input type="radio"/> POLE BENDING	<input type="radio"/> SHOOTING SPORTS	<input type="radio"/> TIE-DOWN ROPING
<input type="radio"/> BARREL RACING	<input type="radio"/> CUTTING	<input type="radio"/> REINED COW HORSE	<input type="radio"/> STEER WRESTLING	<input type="radio"/> QUEEN
<input type="radio"/> BREAKAWAY ROPING	<input type="radio"/> GOAT TYING	<input type="radio"/> SADDLE BRONC RIDING	<input type="radio"/> TEAM ROPING	<input type="radio"/> ALUMNI
				<input type="radio"/> NATIONAL DIRECTOR
				<input type="radio"/> STATE DIRECTOR
				<input type="radio"/> SECRETARY

WHICH STATE ASSOCIATION SHOULD YOUR RING BE MAILED TO:

Office Use Only	All Prices/Totals Are Subject to Audit		SUBTOTAL	\$ 350
			Shipping	INCLUDED
		Cash _____	Sales Tax	\$
		Check _____	GRAND TOTAL	\$
		By _____		
<input type="radio"/> VISA	Credit Card Number		Expiration Date	Payment
<input type="radio"/> MasterCard	_____		_____	\$
<input type="radio"/> DISCOVER	Billing Zip Code of Card: _____	Security Code	Balance Due	\$
<input type="radio"/> AMERICAN EXPRESS	Cardholder's Signature: _____	_____	Make Checks Payable to:	