



# North Carolina Coaches Assn

## Ring Order Form

Customer Information		Bill To Address	
Name:			
Address:			
City:	State:	ZIP:	
Phone: Day (    )	Evening (    )		
Email Address:			

Ship To		Complete only if different from Customer Information.	
Name:			
Address:			
City:	State:	ZIP:	
Phone: Day (    )	Evening (    )		
Email Address:			

Ring Information	
<b>Ring Size</b> <input type="checkbox"/> Medium <input type="checkbox"/> XL <input type="checkbox"/> Pendant	<b>Metal Choice:</b> <input type="checkbox"/> Silver Celestrium™     \$ 299.00 <input type="checkbox"/> Sterling Silver             \$ 399.00 <input type="checkbox"/> 10K Yellow Gold             \$ 2,699.00 <input type="checkbox"/> 10K White Gold             \$ 2,699.00 Pricing subject to change at time of order

<b>Select One</b> <input type="checkbox"/> State Champion <input type="checkbox"/> Coach <input type="checkbox"/> All Star Coach <input type="checkbox"/> All Star Player	<b>Sport</b> <input style="width: 100%;" type="text"/> <b>Year</b> <input style="width: 100%;" type="text"/> <b>Finger Size</b> <input style="width: 50%;" type="text"/>
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Name on Side (up to 14 characters)

**Inside Engraving: 18 Character Limit**

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Payment Information	
<input type="checkbox"/> CREDIT <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
<b>Expiration Date:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<i>for credit card orders. "Bill To" address must match billing address for credit card used.</i>
<b>Credit Card Number:</b> <input style="width: 100%; height: 30px;" type="text"/>	

Base Price	\$
S&H	\$ 14.95
Subtotal	\$
Local Sales Tax	\$
Total	\$

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day (    ) \_\_\_\_\_ Evening (    ) \_\_\_\_\_

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