



2010 Order / Location Form Women's Pool Tournament Kit

ICMOA Operator Member Company: _____

Address: _____

City/State/ZIP: _____

Ordered by: _____ Phone: _____
(operator or employee name)

Fax: _____ Email: _____

Cost Per Kit: \$70.00 + .17 tax = \$70.17 each Payment enclosed: _____ Please invoice

FAX COMPLETED FORM TO: 815.364.0364

This tournament will be run at following location: (Please print Clearly.)

Location Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Tournament Start Date: _____

*Complete **all** information above. Your kit will be shipped when this completed form is received.*

Only one (1) kit per form. This form may be copied for additional orders.

**ICMOA • P.O. Box 167 • Morris, IL 60450
Phone 815.416.0741 • Fax 815.364.0364**