





November 1, 2015 He Makana O Na Mele Concert CD ORDER FORM

Parent Name _____ Phone or Email_____

ident Name		Group Instrument			
ITEM DESCRIPTION		Quantity	Price	Total	,
He Makana O Na Mele Concert CD Credit Card Fee Only if paying by credit card		x	\$10 each \$ 0.50 each item	=\$	
				=\$	
Shipping Fee Per Item Only for orders to be mailed		Х	\$ 3.00 each item	=\$	
			GRAND TOTAL:	\$	
	: □ CASH □ CHECK □ MA ers: Name of Cardholder Card Number				_
	Signature				_
		Check Amount			
	*** THERE IS A RETU		•		
	DELIVE (please allow 6 -	RY METHO 8 weeks for d	_		
Choose one:	☐ Deliver the order to my chil☐ I will pick up the order at the ☐ The shipping fee is ence	ld at rehearsal. he HYS office v	when notified.	er to:	
Mailing Address _					
City StateZip					