



BASEBALL CARD ORDER FORM

Bill To:	Ship To: (if same as bill to no need to fill out)
First Name _____	First Name _____
Last Name _____	Last Name _____
Street Address _____	Street Address _____
_____	_____
City/State _____	City/State _____
Zip Code _____	Zip Code _____
Phone_(____)_____	Phone_(____)_____
Email Address _____	Email Address _____

Baseball Card Order

Players Name _____ **City/State** _____ **Birth Date** _____
 (all above fields must be field out so order can be completed accurately)

20 Cards \$25.00 40 Cards \$45.00 60 Cards \$60.00

(Please Choose One)

Billing Information

Card Type: Visa MasterCard American Express

Name on Card: _____

Card Number: _____

Expiration Date: ____/____ CVS: ____

Signature _____

Fax to: 303-738-5961

or

**Mail to: Sandlot Baseball Academies
 PO Box 2171
 Littleton, CO, 80161**