

CASTLE BANDS

APPLICATION FOR ENGRAVED BRICK

Name _____

Address _____

City/State/Zip _____

Phone _____

Email Address _____

I wish to purchase _____ engraved brick(s) at \$40 per brick.

**Maximum 3 lines
Maximum 13 characters per line
Please print clearly; Text will be centered**

I wish the brick to read:

Line 1: _____

Line 2: _____

Line 3: _____

_____ bricks at \$40.00 per brick

Total amount included \$ _____

Example:

Line 1: C O L I N _ W A G N E R _

Line 2: P E R C U S S I O N _ _ _

Line 3: C L A S S _ O F _ 2 0 0 9

Please make check or money order payable and remit to:

Castle High School Bands, P.O. Box 641, Newburgh, IN 47629.