



# Awards Form

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**Please Fax or Mail with Payment.**

EVENT \_\_\_\_\_

NAME \_\_\_\_\_

DIVISION \_\_\_\_\_

PLACE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

S&H \$5.00

PAYMENT  
(circle)

CREDIT CARD

CHECK

CHECK # \_\_\_\_\_

CC# \_\_\_\_\_ Exp \_\_\_\_\_

BILLING \_\_\_\_\_

ADDRESS

(if different than above)

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

CHECKS PAYABLE TO ESM  
PLEASE ALLOW 2 WEEKS FOR DELIVERY