



# REVISED 2009 NASP ORDER FORM

This form is designed for schools who participate in the NASP program to purchase replacement parts.

Please return the completed form to Easton Tru-Flite, 2709 S Freeman Rd Monticello, IN 47960. Enclose a money order, cashier check or credit card information. You may fax this form to 574-583-9271. For additional information call 800-348-2224.

| NASP FLETCH/VANES 100PK \$9.08 ea | Qty | Price |
|-----------------------------------|-----|-------|
| 280 Green                         |     |       |
| 280 Black                         |     |       |
| 280 Orange                        |     |       |
| 280 Hot Pink                      |     |       |
| 280 Sunset Gold                   |     |       |
| 280 White                         |     |       |
| 280 Yellow                        |     |       |

| NASP 1820 NOCKS 100PK \$11.30 ea | Qty | Price |
|----------------------------------|-----|-------|
| 9/32 Black                       |     |       |
| 9/32 Blue                        |     |       |
| 9/32 Flo Orange                  |     |       |
| 9/32 Flo Ruby                    |     |       |
| 9/32 Purple                      |     |       |
| 9/32 Red                         |     |       |
| 9/32 White                       |     |       |
| 9/32 Flo Green                   |     |       |

|                                 |  |  |
|---------------------------------|--|--|
| NASP 1820 POINTS DZ PK \$2.08   |  |  |
| NASP 1820 POINTS 100 PK \$16.66 |  |  |

|  |  |  |
|--|--|--|
| Easton Gear Wallet \$69.60<br><br>Includes: Easton Gear Wallet, Fletching jig, 100 3" Vanes, 100 9/32 Nocks, 50 points, Bowstring Wax, 1 oz Adhesive, 3 gram Quick HIT Glue, and Easton Allen Wrench |  |  |
|--|--|--|

|                                    |               |
|------------------------------------|---------------|
| <b>Shipping &amp; Handling Fee</b> | <b>\$5.00</b> |
| Utah Residents add 6.85%           |               |
| Indiana Residents add 7%           |               |
| <b>Total</b>                       |               |

|                             |                               |                                     |                               |                                   |
|-----------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| <b>Name of Card Holder:</b> |                               |                                     |                               |                                   |
| <b>Credit Card Type:</b>    | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| <b>Credit Card Number:</b>  |                               |                                     |                               |                                   |
| <b>Expiration Date:</b>     | <b>Verification Code:</b>     |                                     |                               |                                   |

• **Billing address for credit card if different than shipping address:**

|                        |  |
|------------------------|--|
| <b>Ship to:</b>        |  |
| <b>Address:</b>        |  |
| <b>City/State/Zip:</b> |  |
| <b>Phone:</b>          |  |

I certify that my School participates in the NASP program \_\_\_\_\_ Date \_\_\_\_\_