

## 2016 USAG REGION 8 LEVEL 9 & 10 REGIONAL CHAMPIONSHIP FLOWER BOUQUETS

*Pre- order your bouquet and it will be available for pick-up at the venue, Osceola Heritage Park, the day of competition.*

Preorder Options: *\* Actual flowers may vary slightly depending on availability.*

- ☐ Spring Mixed Bouquet (Carnations/Daisies, 15 stems)
- ☐ Ultimate Mixed Bouquet (Daisies/Pom Poms/Carnations/Other Seasonal Flowers, 20 stems)
- ☐ Rose Bouquet (6 roses (red, pink or purple) with filler)
- ☐ Elite Rose Bouquet (12 roses (red, pink or purple) with filler)

Mail/Fax Form To: 2016 USAG Region 8 Level 9 & 10 Regional Championships Flower Bouquets

Attn: Wesley Wilson

400 W Church Street, Suite 205 Orlando, Florida

Fax: 407-649-2072

Payment:

- ☐ is enclosed via a check made payable to: **Central FL Sports Commission**
- ☐ should be charged to the following credit card (*please include signature*)

**DEADLINE TO SUBMIT ORDERS: Wednesday, March 30th, 2016**

<input type="checkbox"/> Spring Mixed Bouquet	\$30.00 x _____ = _____
<input type="checkbox"/> Ultimate Mixed Bouquet	\$40.00 x _____ = _____
<input type="checkbox"/> Rose Bouquet	\$35.00 x _____ = _____
<input type="checkbox"/> Elite Rose Bouquet	\$60.00 x _____ = _____
Total Bouquets:	_____ = _____

Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Gymnast's Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date and session competing: \_\_\_\_\_

◦ Mastercard ◦ Visa ◦ Discover

Total amount enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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