Customer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (___)_____-_____ Fax: (___)_____-_____ E-mail Address: _____

12 Sheet Minimum per style through the end of 2008	**Text Options** **Leave field black if not applicable. Write "None" if desired without text.**		**Color Options** **Please enter the color number.**				**Sold in packs of 25 sheets** (12 sheet minimum through the end of 2008)	**Visit your local scrapbook store for pricing.**
Item #	**A**	**B**	**1**	**2**	**3**	**4**	**Quantity**	**Price**

Take this order to your local scrapbook store to have them special order your custom paper. Allow approximately 4-6 weeks to receive order. We do not allow copyrighted or trademarked text. **www.scrappinsports.com**