Texas Trails Council

MERCHANDISE REQUEST FORM DATE: _____

Name: _____
Address: _____
City: _____ State: _____ Zip _____
Day time Phone # _____
Pack # _____ Troop # _____ Crews/Post # _____

Be very specific, only items on this form will be shipped.

Catalog #	Item Description	Quantity	Cost	Total Cost

Method of Payment: Unit Charge_____ Check _____ Make Checks Payable to BSA or Texas Trails Council

M/C, Visa, Discover (Circle One)

Card # _____ Exp. Date _____
Name on Card_____
Signature of Card Holder _____

Ship to: (if different from above information)
Name: _____
Address: _____
City: _____State: _____ Zip: _____