



2009

# National Order of the Arrow Conference

## Colonneh Lodge Trading Post

- All Items below will be delivered to Colonneh Lodge Staff and Delegates prior to the Conference. Those not participating in NOAC can pickup orders at the Scout Service center beginning on August 23th. Pre-Orders Only.
- All Colonneh Lodge Contingent Delegates will receive: 3 NOAC trader flaps, 2 Delegate Flaps, 1 Contingent Cap, and 1 Contingent T-shirt included with contingent/conference fee.
- All orders will be filled on a first come first served basis. Patch designs will be unveiled soon!

Item	Price	Quantity	Total	Size (circle one)
Colonneh NOAC flap	\$3.00	_____	\$ _____	
NOAC Delegate flap <small>Limit 4 for Delegates &amp; Colonneh Staff</small>	\$5.00	_____	\$ _____	
Colonneh Lodge flap	\$3.00	_____	\$ _____	
Contingent T-shirt (S-XL)	\$12.00	_____	\$ _____	<u>  S  M  L  XL  </u>
Contingent T-shirt (2XL & 3XL)	\$14.00	_____	\$ _____	<u>  2XL  3XL  </u>
Contingent Cap	\$15.00	_____	\$ _____	
Scholarship Patch Set *	\$85.00	_____	\$ _____	
Scholarship Set Shipping **	\$8.00	_____	\$ _____	
Patch Shipping/Handling **	\$5.00	_____	\$ _____	
<b>Grand Total</b>			<b>\$ _____</b>	

\* Scholarship Patch Set includes 1 Delegate flap, 1 Colonneh NOAC flap, and 1 Special Scholarship Flap. All Scholarship sets are framed and numbered. Only 137 sets will be made. Scholarship sets will be available for pick up from the Scout Service Center beginning August 23, 2009, following the LEC.

\*\* All items can be shipped if desired on August 23, 2009. Shipping Terms: FOB ship point.

### Shipping Destination

Name: _____
Address: _____
City, State, Zip _____
phone number: _____

*PLEASE complete ALL blanks, sign on all signature lines, and print legibly in ink.*

Name: _____	Adult or Youth (A/Y): _____
Address: _____	
City: _____	State: _____ Zip: _____ Home Phone: _____
Cell Phone: _____	E-mail: _____

Payment Method: <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc
Card Holder Name: _____
# _____ Exp. Date: _____
Signature: _____

Mail to: OA Secretary PO Box 924528 Houston, TX 77292-4528
Fax credit card registration to: 713-865-9125
Acct #: 12371-742-00