

ORDER FORM

Date of Tour: _____ Time: _____

Contact Person _____ Phone: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

To use tax exempt number we must have payment (check) from your school or PTO.
We must have a tax exempt form with your order.

Tax ID Number: _____

Please choose no more than TWO different bags per group.

Quantity of Bags: _____ Item Code: _____ Price Per Bag: _____

Quantity of Bags: _____ Item Code: _____ Price Per Bag: _____

Total Due (tax included in prices) _____

2. If you are choosing a custom bag, list items and prices:

_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____
_____	Price: _____

Quantity of bags: _____

Total: _____

Please plan to have one person pick up and pay for the bags the day of your tour.

Return order form to:

The Statehouse Museum Shop
Ohio Statehouse
1 Capitol Square
Columbus, OH 43215-4210
Fax: 614/728-9775
Email: museumshop@ohiostatehouse.org
<http://www.Statehouseshop.com>

Museum Shop Use Only

I have paid and counted my school bags, all are present and accounted for.

Signature _____ Date _____