

LT. John H. Martinson Family Picnic

ORDER FORM

Name: _____

Street: _____

City/State: _____

Zip code: _____

Phone: _____

Adults \$50.00 ea. Amount: _____ x \$50.00 = _____

Children (13-20) \$20.00 ea. Amount: _____ x \$20.00 = _____

Children (12 & Under) Free Amount: _____

Totals Persons: _____ Amount = _____

Make checks Payable to:

Lt. John Martinson Memorial Foundation