



2024 RIBBON ORDER FORM \$5.00 EACH

"A'a I Ka Hula-Let us dare to dance"

First & Last Name (print clea	пу)	Orgai	nization	
Mailing Address		City,	State & Zip code	
Phone	Cellular	Email	l Address	
	ORDER & PA	AYMENT INFORM	ATION	
Number of Ribbons	\$5.00 = \$			al Amount Due
Payment Method:			Credit Card Type: (MasterCard, VISA or Amer	ican Express)
Cash: \$	Check: (#)(Make check payable to Ale	oha Festivals)	Verification Code: (# In back of Credit Card))	
Name of Cardholder	Cree	dit Card Number		Exp. Date
Billing Address	City	/State		Zip code
Signature			Date	

For other information and questions please visit <u>www.alohafestivals.com</u> or call 808-923-1094

Date Order Rec'd:		By:		
Paid:	Date:	Ву:		
Date Order Sent:		By:		
OFFICE USE ONLY				