

Central Bucks Athletic Association
Engraved Brick Order Form
Order yours today!
*******Soccer*****Basketball*****Lacrosse*******

We are selling engraved bricks to be placed at Herbst Field. These bricks will be a beautiful addition to the facility and will help raise money to make improvements to the complex. Purchase a brick and help commemorate your child's / family's many wonderful memories that took place within CBAA.

Please use the cut away portion below to place your order for each brick requested.

- 1) Bricks can be purchased for \$60.00 each, which includes recessed engraving with a black colored epoxy filling. Your payment is due when your order is submitted.
- 2) Please place your order as soon as possible. Phase 1 is to complete the walkways around the basketball courts and or in the memorial garden.
- 3) The purchase of a brick for engraving allows for up to three lines, with a maximum of fourteen character spaces available on each line. All letters are capitals; please print them as capitals on the order form. Numbers can be used. Spaces between letters or numbers are considered character spaces also. Each line will be centered on brickface.
- 4) Examples for engraving are on the back of this form. They can honor someone special, like a Coach or Board Member who has done so much for our league. Your family, child, a birthday or special anniversary. Don't forget to mention your favorite sport – Soccer, Basketball or Lacrosse

Have questions? Contact Gail Potts at 215-766-4949 or email me at gailpotts3@verizon.net
Please use one order form for each engraved brick requested.

Fill in engraving request from left to right, using spaces as needed. (Spaces between letters or numbers are considered character spaces, maximum of 14 per line.) Lines will be centered on brick.

Line 1 _____
Line 2 _____
Line 3 _____

Amount submitted \$ _____ Check # _____ Date submitted ____ / ____ / ____

Please retain upper portion for your records.
Make payment to "CBAA" and mail it to Gail Potts 5480 Geddes Way, Pipersville, PA 18947

Please detach lower portion and submit with payment.

Line 1 _____
Line 2 _____
Line 3 _____

Amount submitted \$ _____ Check # _____ Date submitted ____ / ____ / ____

Name _____ Ph # _____

Address _____

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Received \_\_\_\_\_ / Recorded \_\_\_\_\_ / Checked \_\_\_\_\_ / # \_\_\_\_\_