★ ONLY ONE NAME PER ENTRY★	
NAME	PHONE ()
ADDRESS (STREET OR P.O. BOX)	
CITY	STATE ZIP+
ROD: YEAR	
Total EnclosedCheck #	
	ONLY ONE NAME PER ENTRY

Clip at the dashed line and return the upper portion with your payment to:

Shades of the Past SRA 4725 Kidd St. Maryville, TN 37804-4520

WE'LL SEE YOU IN SEPTEMBER!!