

BRICK APPLICATION FORM

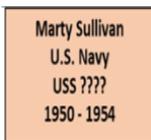
FIRST NAME _____ LAST NAME _____

ADDRESS _____

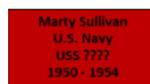
CITY _____ ZIP CODE _____

MOBILE # _____ Email Address _____

AFGHANISTAN



(8 x 8" \$120)

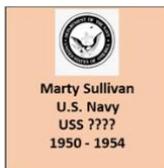


(8 X 8" \$110)



(8 X 8" \$120)

WORLD WAR II



(8 X 8" \$120)

VIETNAM



(4 X 8" \$120)



(8 X 8" \$120)

PLEASE SELECT YOUR INSCRIPTION IN THIS BOX (Add pages as needed)

Signature _____ Date _____

