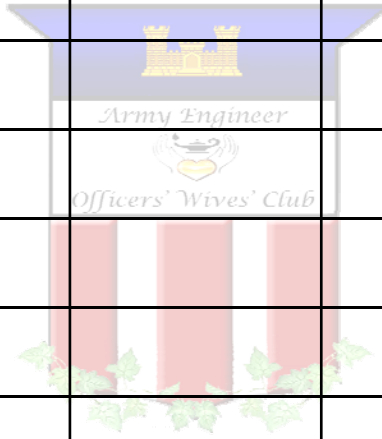


Castle Boutique Order Form

| Catalog Number | Description | How many? | Cost per item | Total Cost per line |
|----------------|-------------|-----------|---------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Name: _____

Sub Total: _____

Phone Number: _____
(for clarification of orders only)

Shipping and Handling: \$5.00

Email: _____

Order Total:

Please fill out shipping label below &
make your check payable to AEOWC.

Thank you!

Mail to:
AEOWC Castle Boutique
P. O. Box 6332
Alexandria, VA 22306-6332

Shipping Label

Name: _____

Address: _____

Apt # _____

City _____ State _____ Zip _____