

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: \$6.50

Email: _____

Order Total:

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

Thank you!

Shipping Label

Name: _____

Address: _____

Apt # _____

City _____ State _____ Zip _____

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