

## UIL MEDAL ORDER FORM

Your school may obtain additional medals for participants by mailing or faxing this form to the address/fax number below with your **payment (check or credit card) or ISD purchase order**. Make checks payable to *The University of Texas/Austin*.

UIL – Order Department  
 PO Box 8028  
 Austin, TX 78713  
 FAX: (512) 232-6471

|  |
|--|
| Credit card (check one) VISA____ MC____ DISC____ |
| Credit Card # _____ Exp Date _____               |
| Name of Cardholder _____                         |
| Billing Address Zip Code _____                   |
| Signature _____                                  |

**PRICE: Regional:** 1<sup>st</sup> – 3<sup>rd</sup> Place \$7/ea; 4<sup>th</sup> – 6<sup>th</sup> Academic & 4<sup>th</sup> – 10<sup>th</sup> Cross Country \$5/ea  
**State:** 1<sup>st</sup> – 3<sup>rd</sup> place \$11/ea; 4<sup>th</sup> – 6<sup>th</sup> Academic \$5/ea; 4<sup>th</sup> – 10<sup>th</sup> Cross Country \$7/ea  
 (price includes ground shipping/handling charges)  
 (Add 8.25% sales tax for total order or enclose a tax exempt certificate if paying with a personal check or personal credit card).

Duplicate this form if you are ordering more than one type of medal.

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 TO INSURE PROMPT AND ACCURATE SERVICE, PLEASE RESPOND TO ALL ITEMS BELOW  
 .....

EVENT: Athletic \_\_\_\_\_ Academic \_\_\_\_\_ Music \_\_\_\_\_ One-Act Play \_\_\_\_\_

Tournament/Contest: \_\_\_\_\_ Year \_\_\_\_\_ Quantity \_\_\_\_\_

Participants Name: \_\_\_\_\_

School: \_\_\_\_\_

Please check the appropriate blanks:

|  |   |   |
|--|---|---|
| _____ STATE<br>_____ REGIONAL<br><br>_____ BOYS<br>_____ GIRLS | CONFERENCE<br>_____ AAAAA<br>_____ AAAA<br>_____ AAA<br>_____ AA<br>_____ A | PLACE<br>_____ 1 <sup>st</sup> Place (gold)<br>_____ 2 <sup>nd</sup> Place (silver)<br>_____ 3 <sup>rd</sup> Place (bronze)<br>_____ 4 <sup>th</sup> – 6 <sup>th</sup> (Academic only)<br>_____ 4 <sup>th</sup> – 10 <sup>th</sup> (Cross Country only) |
|--|---|---|

|  |  |
|--|--|
| <b>SHIPPING ADDRESS</b><br><br>School: _____<br><br>Attention: _____<br><br>Street Address: _____<br><br>City, State, Zip: _____ | <b>BILLING ADDRESS</b><br><br>School: _____<br><br>Attention: _____<br><br>Address: _____<br><br>City, State, Zip: _____ |
|--|--|

Submitted by: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_