



USS Saratoga Association Ship's Store

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**MAKE CHECKS PAYABLE TO:
"USS SARATOGA ASSOCIATION"**



Date: _____

Please Print Legibly

SHIPPING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

YOUR TIME ON THE SARA

Came Aboard: _____ Departed: _____ Division: _____

Item #	Quantity	Size	Item/Options (CV3/CV60/CVA-60)	Color	Price
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Subtotal	
Credit Card Orders Add 4%	
Shipping	
Total	