



Patch Pre-Order Form

School Name: _____

School Address: _____

Sponsor Name: _____

Sponsor Email: _____

**Number of Patches
To Order:** _____ x\$15

Order Total: _____

Please send this form attached with the payment check to the address bellow

Houston Area Model United Nations, Inc.
P.O. Box 667049
Houston, TX 77266-7049