



# 3rd Squadron 5th U.S. Cavalry Black Knights



## 2021 Reunion Apparel Order Form

**All Apparel will be delivered via USPS.**

Please print: Name: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_

If you wish to use a credit/debit card for this transaction, please fill out form **on back**.

Dues: 2019-21 **\$50** Life **\$200** \$ \_\_\_\_\_

Please indicate the number of hats you are ordering:

BLACK \_\_\_\_\_ WHITE \_\_\_\_\_ Total number of hats \_\_\_\_\_ @ \$25 each: \$ \_\_\_\_\_

Please indicate the number and size of each shirt you are ordering:

Tee Shirts: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Total number of Tee Shirts \_\_\_\_\_ @ \$20 each: \$ \_\_\_\_\_

XXL \_\_\_\_\_ XXXL \_\_\_\_\_ Total number of Tee Shirts \_\_\_\_\_ @ \$22 each: \$ \_\_\_\_\_

Polo Shirts: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Total number of Polo Shirts \_\_\_\_\_ @ \$39 each: \$ \_\_\_\_\_

XXL \_\_\_\_\_ XXXL \_\_\_\_\_ Total number of Polo Shirts \_\_\_\_\_ @ \$41 each: \$ \_\_\_\_\_

Windbreakers: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Total number of WB's \_\_\_\_\_ @ \$45 each: \$ \_\_\_\_\_

XXL \_\_\_\_\_ XXXL \_\_\_\_\_ Total number of WB's \_\_\_\_\_ @ \$47 each: \$ \_\_\_\_\_

Shipping: \$ 8.00

Memorial Fund Contribution \$ \_\_\_\_\_

Make checks and money orders payable to: **Black Knights, Inc.** Your Total Payment: \$ \_\_\_\_\_

Mail completed form along with payment to  
**Black Knights, Inc.** to:

Tom Player  
 12 FARBER DRIVE  
 CHALFONT PA 18914-1409

Questions? Contact Tom at:

[tjplayer3@verizon.net](mailto:tjplayer3@verizon.net)  
 or call him:  
 (215) 822-8061 (H)  
 (267) 893-9332 (C)

# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Peter Moore ([pmoore.Blackknights@gmail.com](mailto:pmoore.Blackknights@gmail.com)) at 358 LAKE CREST CT, WESTON FL 33326.

This authorization will remain in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVC
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize Black Knights Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions I initiate.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date