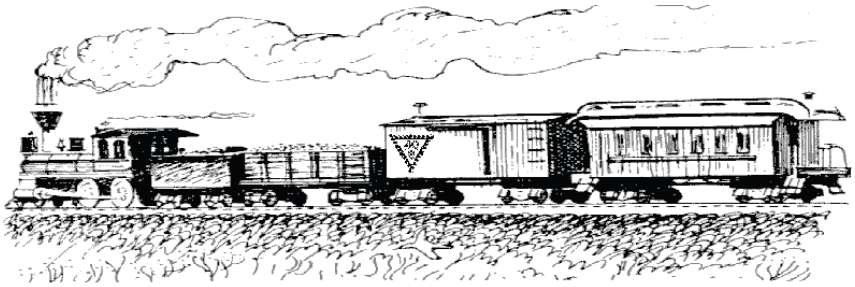
NATIONAL BOX CAR ASSOCIATION SALES REPORT FORM



From Voiture/Cabane Name & No._____ Grand Voiture/Cabane Du_____

Please **TYPE** or **PRINT** in ink

Make all remittance by **CHECK** or **MONEY ORDER** payable to National Box Car Association

Name	Voiture or Cabane Number	Number of Crew Cards	Number of Associate Cards	Number Of Pins	Donations	Total

_____2022 Crew Cards @$1.00=_____

_____2022 Associate Cards @$1.00=_____

_____2022 Pins @$3.00=_____

Misc./Donations _____

Total Amount _____

Report by_____

Title_____Date_____

Address_____

City_____State_____Zip_____

Tel._____Email_____

Mail to: Secretaire/Treasurer Box Car
Virgil Blum
8106 Elm Plz #6
Lavista, NE 68128