

Brick Order Form

Fill in ONE character per box

Line 1																	
Line 2																	
Line 3																	



PERSONAL INFORMATION

Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Postal Code	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

Are you a member of the RRHS Alumni Association? ☐ Yes ☐ No

Make checks payable to Roanoke Rapids High School Alumni (RRHSA) for \$200.00

Please return this form to:

G.W. Hux & Co Insurance
1111 Roanoke Avenue, Roanoke Rapids
OR
Halifax County Visitor Center
260 Premier Blvd., Roanoke Rapids

SIGNATURE