



BEST RODS ON EARTH™

SCHOLASTIC PROGRAM / ORDER FORM

(Effective 9/1/18.v1)

PURPOSE: The St. Croix Scholastic Program allows members of organized college and high school teams to purchase rods at substantial discount. Products purchased under this program are intended only for the use of qualified students.

PROCEDURE: Email (preferred) or mail this completed form to St. Croix Rod.
• Email: richb@stcroixrods.com P.M. approval _____
• Mail: St. Croix Rod, Attn. Rich Belanger, P.O. Box 279, Park Falls, WI 54552

DISCOUNTS: 40% off published retail on rods listed in St. Croix’s 2019 catalog and website (cannot be used in conjunction with other discounts).

MAXIMUM RODS: 5 rods per year per angler. All rods will be personalized with the student’s name. Please allow 2 weeks delivery.

PAYMENT: Payment by check, money order, or credit card (preferred) must accompany all orders. Visa, MasterCard, American Express and Discover credit cards are accepted. **Orders will not be accepted without payment.**

SHIPPING: A \$20 shipping and handling charge is applied to each U.S. order or \$60 for each Canadian order. Additional surcharge will apply for Long Rod orders. Long Rods are rods, either one or two piece, where at least one of the pieces is 8’ in length or longer.

WARRANTY: Standard warranty policy is in effect for all rods purchased under this program. St. Croix’s Gold Star Plan may be used for repair or replacement of damaged rods with expired warranties.

MODEL #	QTY.	RETAIL PRICE	PROGRAM PRICE	PRICE EXTENSION
Personalization			No charge	N/A
Regular Shipping & Handling		\$20.00 (US) or \$60.00 (CA)		
Long Rod Surcharge (if applicable)		\$25.00 (US) or \$50.00 (CA)		
Sales Tax				
5.5% WI residents on products + S&H				
6.0% MI residents on products + S&H				
6.875% MN residents on products + S&H				
Total				

SCHOOL NAME _____ STATE _____ DATE _____

TEAM CAPTAIN OR CLUB PRESIDENT NAME _____

EMAIL ADDRESS _____

TEAM MEMBER NAME _____ PHONE _____

(St. Croix uses this name to personalize your rods.)

SHIPPING ADDRESS _____ CITY _____ STATE _____ ZIP _____

Credit Card Information

Credit Card # _____ **Exp. Date** _____ **CCV Code** _____

(Visa, MC, AMEX, Discover)

Name on Credit Card _____ **Daytime Phone #** _____

Credit Card Billing Address _____

(include street, city, state, zip)

By completing and submitting this credit card information, explicit consent is being granted to St. Croix Rod to charge provided credit card for the product identified above.