



# Valley Roadrunner Subscription Order Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please  appropriate box: San Diego County: 1 year \$24.00  2 years \$42.00  \_\_\_\_\_

Elsewhere: 1 year \$35.00  2 years \$64.00  \_\_\_\_\_

Visa  Master Card # \_\_\_\_\_ Expires \_\_\_\_\_

V Code: \_\_\_\_\_ Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_