MERCHANDISE ORDER FORM



Full Name:									
	Phone:				Mobile:				
Current postal address:	"								
current postal address.									
City:	State:				Postcode:				
E-Mail Address (please print details clearly):									
			132			SIZE	QTY	\$	
				SHORT SLEEVE SHIRT		10			
Method					XI	12			
Merray and						14			
						16			
						18			
				LONG SLEEVE SHIRT					
						MED			
				CAP		LARGE			
				SADDLECLOTH		1 size RED			
Missing				SADDLLCLOTTI					
		0				VVIIIIL			
					TOTAL DUF \$\$\$				
Saddle Blankets \$35	Cap		\$20		712 777				
and the second s		ava Dala	\$20 Polo \$35 WHITE TOTAL DUE \$\$\$ GOODS CAN BE COLLECTED BY ARRANGEMENT AT TIME OF ORDERING						
Short Sleeve Polo \$30 Long Sleeve Polo \$35 ARRANGEMENT						I TIME OF O	KDEKIN	J	
Payment by (please circle): <u>CASH</u> <u>CHEQ</u>	Inddle Blankets \$35 Cap \$20 Inort Sleeve Polo \$30 Long Sleeve Polo \$35 Sent by (please circle): CASH CHEQUE MONEY ORDER BANK TRANSFER TOTAL DUE: \$								
POSTAL / CORRESPONDENCE ADDRESS: P.O. BOX 298, PINJARRA WA 6208									
Bank Transfer / E.F.T. Details Below – please enter 'LAST NAME & MERCHANDISE' in Reference Details									
Account Name: Murray Adult Riders Association Inc. B.S.B. : 633 000 Account					Account Numl	Number: 150174795			
EMAIL FORMS & RECEIPT TO: MURRAYADULTRIDERS@HOTMAIL.COM, ENQUIRIES TO BERNI – 0448 844 159									
I hereby confirm that I wish to place an order for merchandise to the Murray Adult Riders Association Inc. and agree to pay for goods ordered as specified above.									
- ·				Date:					
Signature:									
						ate:			
Parent/Guardian consent for under 18 year old participants:									