



## CUSTOMER ORDER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Coordinator/Office use

Coordinators Name	Price	Expected Delivery week beginning	Return form with payment by
<b>Danielle Hedley</b>	<b>\$28.00</b>	<b>End Nov</b>	<b>Friday 14<sup>th</sup> October</b>

NAME	QUANTITY	PRICE	TOTAL
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
11.		\$	\$
12.		\$	\$
13.		\$	\$
14.		\$	\$
15.		\$	\$
		TOTAL	\$

\*Please note that while every effort will be made to deliver your order to your School/Club/Organisation on the preferred delivery date, the occasional delivery may be delayed due to logistical difficulties beyond our control. Your coordinator will notify you of any changes. Thank you for your understanding.