|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **WRAAC ASSOCIATION (QLD) INC.**  **Hat Order Form** | | |
| **Name:** | |  | | | |
| **Address:** | |  | | | |
|  | |  | | |
| **Email:** | |  | | |
| **Phone:** | **(H)** |  | **(M)** |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Size** | **Quantity** | **Price Each** | **Total Price** |
| Hat |  |  | $60.00 |  |
| Cost of Postage TBA | | | |  |
| **TOTAL COST** | | | |  |
| Please tick the box if you would like to organise pick up at a meeting | | | |  |

Please email form to [secretarywraac\_qld@outlook.com](mailto:secretarywraac_qld@outlook.com) Cheques should be made out to:

Or post with cheque to: WRAAC Assn Qld Inc

The Secretary, WRAAC Association (Qld) Inc.

30 Scrubby Creek Road

BROWNS PLAINS QLD 4118 **Payment by Bank Transfer** should be made to:

Acc. Name: WRAAC Assn Qld Inc

BSB No: 124074

***No orders will be placed until money is received***. Account No: 23017767

Reference: *(Surname)/Hat*

***Office use only***

*Payment Received (Date): ............................... (Amount): ..............................................................*

*Method: ........................................................ Receipt No.: ................................................................*

*Order Despatched (Date): .............................................*