|  |  |
| --- | --- |
|  | **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 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): .............................................*