Please PRINT clearly

Event Order Form

Name: _____

Address: _____

_____

Tel: _____

e-mail: _____

Event Date:	Location:	Shot number:	Quantity 6 X 4	Quantity 8 X 12	Quantity 16 X 24	**Cost**
					Postage	
					Total Cost	

Signature: _____

Reflective Eye signature: _____

Paid: Cheque ☐ Cash: ☐

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