



Order Form

Order for _____

Contact person: Mr Mrs Ms Miss _____

Address: _____

Postcode: _____

Email: _____

Tel: (Work) _____ FAX: _____

(Home) _____ Mobile: _____

Date required: _____

BOAT TYPE: (1X 2- 2X 2+ 4- 4X 4+ 8+): _____ Quantity: _____

Boat specifications: _____

Average crew weight: _____ kg Coxswain position: (Bow Stern N/A) _____

STRETCHERS:

Fully adjustable Clog Stretcher

Shoe

Shoe size: Bow: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____

Steering stretcher Seat position

Heel height: _____ cm

SEATS:

Single action (bearing)

Double action

RIGGERS:

Rowing

Sculling

Quick Release

Stainless steel

Alloy

Wing

Span: _____ cm

Height: _____ cm

IN-BOAT ELECTRONICS:

Type: _____

PIN STRIPING:

[Select size:]

Colour 1 (top) _____

6mm / 12mm

Colour 2 _____

6mm / 12mm

Colour 3 _____

6mm / 12mm

BOAT NAME: _____ Colour: _____

OARS: _____

BOAT TRAILER:

Single axle

Tandem axle Large tandem axle [4 racks long]

Special requirements _____

A deposit of 25% of the total price is required to confirm your order

Office Use only: