

Order Form

Customer Name: _____
Contact: Mr Mrs Ms Miss _____
Address: _____

Email: _____
Tel: (W) _____ Fax: _____
(H) _____ Mobile: _____

Date Required: _____
Boat type (1X 2- 2X 2+ 4- 4X 4+ 8+): _____ Quantity: _____
Boat Specifications: _____
Average crew weight: _____ kg Coxswain position: N/A

Stretchers:

Fully Adjustable Clog Stretcher
Shoe Size: Bow: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____

Steering stretcher Seat position:

Heel Height _____ cm

Seats:

Single action (bearing)
Double Acton

Riggers:

Rowing Sculling
Stainless Steel Alloy Wing
Span: _____ cm Height: _____ cm

In-Boat Electronics:

Type: _____

Pin striping:

Colour 1 (top) _____ Size: 6mm/12mm
Colour 2 _____ Size: 6mm/12mm
Colour 3 _____ Size: 6mm/12mm

Boat name:

Colour: _____ Name: _____

Oars:

Boat Trailer:

Single axle
Tandem axle
Large tandem axle (4 racks long)

Special Requirements:

A deposit of 25% is payable to confirm your order

Office Use Only