

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC. A0002667H

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ORDER FORM

All prices include postage and handling except for Loans. Prices are subject to change without prior notice.

ITEMS AVAILABLE	PRICE	QTY	TOTAL \$
CARDS (Tick type) <input type="checkbox"/> Dressage <input type="checkbox"/> Showjumping <input type="checkbox"/> Combined Training <input type="checkbox"/> Horse Trials <input type="checkbox"/> Navigation Ride <input type="checkbox"/> Showing <input type="checkbox"/> Membership <input type="checkbox"/> Showing card insert (when initial card is full) FREE	5.00 ea		
CHAFF CHAT ADVERTISING <i>Email direct to chaffchat@hrcav.com.au</i>			
CHAFF CHAT SUBSCRIPTION Annual subscription 12 issues from Dec to November = \$ 42.00 Subscription reqd from _____ (month) to November. Total ___ x issues @ \$3.50 per month			
CROSS COUNTRY JUMP JUDGE SCORE PAD (10 carbonised pages)	1.50 ea		
CROSS COUNTRY START PAD (10 carbonised pages)	1.50 ea		
CROSS COUNTRY FINISH PAD (10 carbonised pages)	1.50 ea		
GREEN MEMBERSHIP CARD FOLDER	5.00 ea		
HRCAV JACKETS (indicate size required – XS to XL available)	110.00 ea		
HRCAV POLO SHIRTS (indicate size required – XS to XL available)	28.50 ea		
HRCAV BADGES / CLOTH BADGE (delete as applicable)	7.00 ea		
HRCAV LOGO STICKER	2.50 ea		
HRCAV DRESSAGE TESTS - 2000 EDITION (can be downloaded from website)	10.00 ea		
HRCAV MANUAL (Rules & Regulations of all disciplines)	58.00 ea		
INFORMATION KIT FOR SETTING UP NEW CLUB	FREE		
LOAN EQUIPMENT <i>Deposit & booking form (Appendix 2 – Guidelines for Member Clubs) reqd with payment.</i> 1 SET OF HORSE TRIALS BIBS – Numbered 1 to 400 CLOCKS / STOPWATCHES	Deposit 200.00 50.00		
MEDICAL ARMBANDS - Hamag Leather Circle size LARGE / MEDIUM	22.00 ea		
MEDICAL ARMBANDS - Plastic	10.00 ea		
NUMBER HOLDERS (BRIDLE) includes numbers	7.50 ea		
NUMBER HOLDER (SADDLE BLANKET) includes numbers	10.00 ea		
STALLION ID KITS	45.00 ea		
TOTAL AMOUNT DUE <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (Add 5% if paying by credit card)			\$ +5% \$
TOTAL PAYMENT			\$

Credit card details: Please tick Mastercard Visa Bankcard

Card Number:

Account Holders Name: _____ Expiry Date ____ / ____

Name: (Mr/Mrs/Miss/Ms) _____ Membership No. A _____

Postal Address _____

Postcode _____

Phone AH:() _____ BH: _____ Mobile: _____ Email: _____