

**ORDER FORM**

**Contact Name:** -----

**Purchaser Name:** -----

**Email:** -----

**Address:** -----

**Town/City:** -----

**Country:** -----

**Country:** -----

**Post Code:** -----

**Phone Number:** -----

**Fax Number:** -----

**Type of Boat: (tick)**

Scull

Pair

Double Skull

Coxed Four

Coxless Four

Quadruple Four

Eight

**Boat Grade: (tick)**

A+

A

B

C

D

**Quantity:** -----

**Mould Number:** -----

**Mean span or spread (to the centre of the pin) :** ----- (mm)

**Mean hight of swivel (above lowest part of the seat) :** ----- (mm)