S.A.H.P.A. PMV & POX ORDER FORM NAME OF CLUB:

NAME	<u>ADDRESS</u>	PHONE NO	PMV 500ml \$170.00	<u>POX</u> \$110.00	<u>Sent</u>	TOTAL \$
						_
EFT Payment BSB 065518 ACC 10038108. Use your Name OR Club as reference						

To be in the Hands of the General Secretary <u>NO LATER THAN</u> - <u>Friday the 14/11/2014</u> with <u>Total Payment</u>. OR Stock will <u>not</u> be ordered for you.