

Cowichan Therapeutic Riding Association

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

Tel: 250 746-1028 Fax: 250 746-1033

email: info@ctra.ca website: www.ctra.ca

25th Anniversary Limited Edition Apparel Order Form

* Orders are to be made in advance and must be
paid in advance.

* Orders usually take several weeks to arrive.

* Orders to be picked up prior to, or on, the date of the
25th Anniversary celebration are to be received no later
than August 30th, 2011.



Contact Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Daytime Phone: _____

FAX: _____ E-mail : _____

No, I do not want to be added to CTRA's mailing list and receive
the *Leading Rein* Newsletter

Please circle the desired characteristics and indicate amount:

T Shirts - \$20.00

Quantity: _____

Sizes: S M L XL 1XL 2XL 3XL 4XL 5XL

Colors: Kelly Green Red Navy Light Pink White Light Blue

Sweatshirt (no hood/no zipper) - \$30.00 **Quantity:** _____

Sizes: XS S M L XL 1XL 2XL 3XL 4XL

Colors: Deep Forest (Green) Deep Red Navy Pale Pink White Light Blue

Zippered Sweatshirt - \$50.00

Quantity: _____

Sizes XS S M L XL 1XL 2XL 3XL

Colors: Deep Forest (Green) Navy Light Pink Light Blue White

Hooded Sweatshirt - \$40.00 **Quantity:** ____

Sizes: XS S M L XL 1XL 2XL 3XL 4XL

Colors: Deep Forest (Green) Navy Light Pink Light Blue White

Men's Fleece Vest - \$40.00 **Quantity:** ____

Sizes: XS S M L XL 1XL 2XL

Colors: Navy Deep Red

Ladies Fleece Vest - \$40.00 **Quantity:** ____

Sizes: XS S M L XL 1XL 2XL

Colors: Red Navy Light Pink Light Blue

Golf Shirt - \$35.00 **Quantity:** ____

Sizes: XS S M L XL 1XL 2XL 3XL 4XL

Colors: Navy Red Court Green Light Blue

Order Total: _____ (no HST/GST)

* Orders will be available for pick up at the CTRA office a few weeks after submission. CTRA will contact via the information provided above when your order has arrived.

* Remember that orders intended for the 25th Anniversary celebration must be received by CTRA no later than August 30th, 2011.

Payment Information:

Cheque Cash VISA MasterCard

Credit Card #: _____ Expiry Date: ____/____

Name of Card Holder: _____

Signature of Cardholder: _____