

태권도



# Sydney Academy of Taekwondo

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Name:	
Address:	P/Code:
Order Date:	
Training Venue:	
Phone Number: Home:	Mobile:

**All items will be delivered to the above training venue.**

Qty	Description of Item	Size	Price \$	Total \$
<b>Total</b>			<b>\$</b>	

**Payment Method:** (Please tick one of the boxes below & provide Order or Card details)

Cheque     Cash    \$.....  
 Visacard     Mastercard

Card No...../...../...../..... Exp Date .....

Card Name:.....

Signature: .....

Direct Transfer..... Rec # .....  
 Bank. ANZ. Sydney Academy of Taekwondo    BSB 012403    a/c 499465084

Goods received. Signature \_\_\_\_\_ Date: \_\_\_\_\_