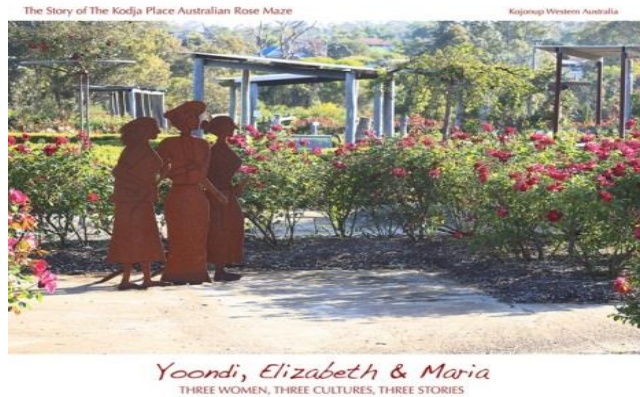


Rose Maze Book Order Form



Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Rose Maze books - \$25.00 each

Subtotal	\$
Postage	\$ 14.60
Total	\$

Payment Options

- Cash
- Cheque – made payable to: 'Shire of Kojonup (Rose Maze)'
- Credit Card Visa Mastercard

Card Number: _____

Name on Card: _____

Expiry Date: (MM/YY) _____ CCV: _____

Signature: _____

Please return Order Form to:

Shire of Kojonup

PO Box 163, Kojonup WA 6395

Ph: 08 9831 2400 Fax: 08 9831 1566

Email: council@kojonup.wa.gov.au