



ORDER FORM

Name:_		Date:	Γ	Oue Date:
Address	<u>:</u>	Phone:		
		Customer N	ame:	
Front:	Style:	Width:	Stock:	
	Gullet Height:	or Handhole Heigh	t:	
Bars:	Seat Length:	or Thigh Length:		
	Width:	Angle:		
Cantle:	Height:	Width:	Angle:	Dish:
Horn:	Type:	Height:	Cap Size:	Pitch:
Other In	nstructions/Information:			
	Saddle Tree Maker 1-780-524-2490 STRONG HANDMADE TREES Box 2139, Valleyview, Alberta, Canada Toh 3N0	ORDER FOR		Saddle Tree Maker 1-780-524-2490 STRONG, HANDMADE TREES Valleyview, Alberta, Canada TOH 3NO
Name		Date	Т	Due Date:
				Oue Date:
	:	Phone:		
		Phone:		
Address	:	Phone:Customer N	ame:	
Address		Phone:Customer NWidth:	ame:Stock:	
	:Style:	Phone:Phone:	ame:Stock: t:	
Address Front:	Style:Gullet Height:	Phone:Phone:	ame:Stock: t:	
Address Front:	Style:	Phone:Phone:	ame:Stock: t:	
Address Front: Bars:	Style:	Phone:Phone:	Stock: t:	Dish: