

BELL ROPE ORDER FORM

NAME OF CHURCH /CATHEDRAL.....

CONTACT EMAIL ADDRESS.....

DELIVERY NAME & ADDRESS.....

.....

.....

CONTACT TELEPHONE NUMBER.....

BELL No	OVERALL LENGTH	SALLY COLOURS	LENGTH OF TAIL	TYPE OF ROPE P.S.P (TICK)	TYPE OF ROPE FLAX (TICK)	IF FLAX ROPES DO WANT THE TOP ENDS TREATED ?
ONE						
TWO						
THREE						
FOUR						
FIVE						
SIX						
SEVEN						
EIGHT						
NINE						
TEN						
ELEVEN						
TWELVE						
DO YOU REQUIRE ROPE TREAT	YES/ NO					
SOFT LEATHER SLEEVES	NUMBER					
MUFFLES	SIZE 1	SIZE 2				
SPLICING TOOL	YES/ NO					