

# CUSTOM MOUTHGUARDS



HBF Participating Provider – Provider No. 402 5702F - Ph: 0411 022 896

In the interest of player safety Coolbinia Bombers JFC have organised **Custom Mouthguards** to provide professionally fitted mouthguards. The guards come in two grades, **Standard** for younger players (13 & under), and sports that have incidental contact to **Heavy duty** for players with adult teeth playing high risk sports such as Rugby, Football and Hockey.

**Fittings at the club on Sunday 19<sup>st</sup> Feb 10am – 1pm. Or Wed 22<sup>nd</sup> Feb 5.30 – 6.30pm**

- No need to book just fill in this form and bring with you -

## PAYMENT

**CREDIT CARD (Master Card OR Visa only)**

Name on card \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

No: \_\_\_\_\_

Cost **\$131.40** standard or **\$153.40** heavy duty. Colours and P&H Extra as per below.

**HBF “ No Gap cover for kids “ Fully covers a standard guard.**

*(NB: Upgrades and Postage are not covered by Health funds)*

To find out your rebate, call your health fund and quote P014 at \$50 and P151 at \$74 (ex GST)  
(P&H is \$11 extra and is required for all orders. P&H charged only once per family)

**INTERNET TRANSFER: ( Transfer must be made before the fitting day )**

Account Details: BSB: 016 263 A/c: 9039 46825 Name: Kahsa P/L

Please enter surname and club name as reference and present receipt at fitting.

## ORDER FORM

PARENTS  
NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ P/CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PH \_\_\_\_\_ MOB \_\_\_\_\_

EMAIL \_\_\_\_\_

I agree to have a Custom Mouthguard made for:

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**COLOUR(S): Please Tick**

WHITE [ ] LT BLUE [ ] GREEN [ ] BLACK [ ]  
CLEAR [ ] RED [ ] PINK [ ] BLUE [ ] MULTI [ ] \_\_\_\_\_  
(Please state Colour required)

- |       |  |  |
|-------|--|--|
| [ ]   | <b>SINGLE COLOUR STANDARD GUARD</b>    | <b>\$131.40 (INC GST)</b>                |
| [ ]   | <b>HEAVY DUTY GUARD (Optional)</b>     | ADD - \$22 (Not covered by health funds) |
| [ ]   | <b>MULTI COLOURED GUARD (Optional)</b> | ADD - \$22 (Not covered by health funds) |
| [ X ] | <b>POSTAGE AND HANDLING (Required)</b> | ADD - \$11 (One P&H fee per Family)      |

**Total Due (inc P&H) \$ \_\_\_\_\_**