

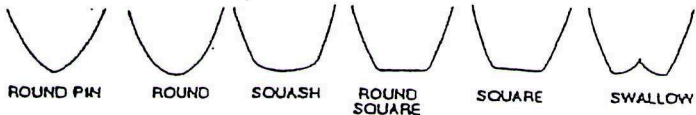


Shop _____
 Name _____
 Address _____

Phone _____ Age _____
 Weight _____ Height _____
 Fitness Level _____
 Waves Surfed _____
 Last Board Brand/Shaper _____

Length _____ Width _____ Thickness _____
 Nose Width _____ Tail Width _____
 Nose Rocker _____ Tail Rocker _____

Tail Shape



Rails – Full Standard Low
 Glassing – Lightweight Standard
 Extra Strength

Fin Type _____

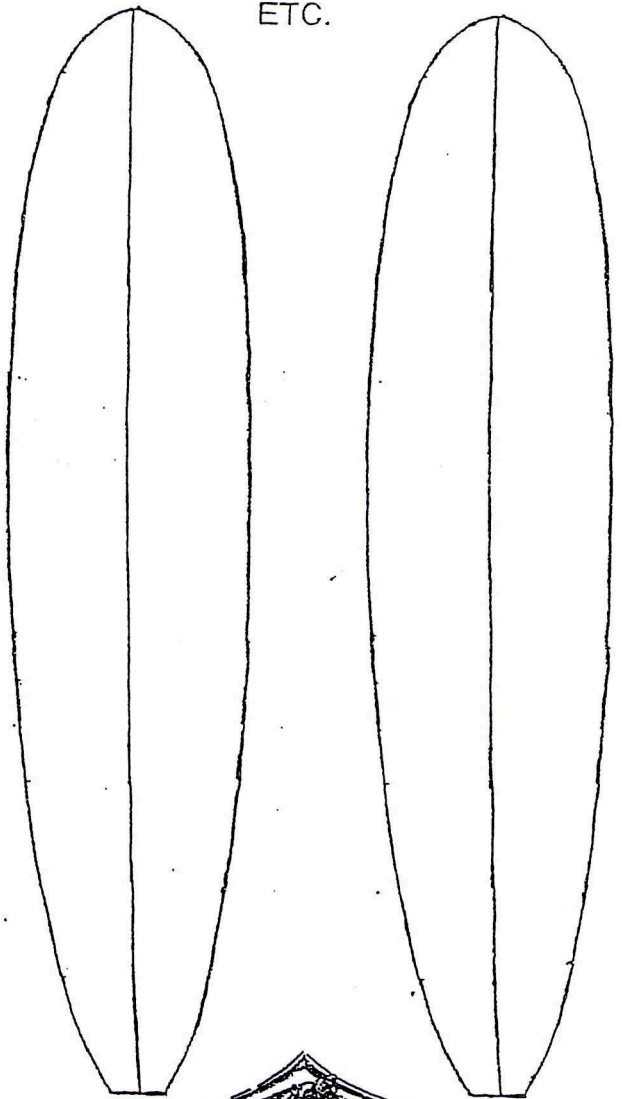
Laminates Supplied _____

Special Shaping Instructions _____

INDICATE:
 COLOUR,
 GRAPHICS,
 ETC.

TOP

BOTTOM



Date Of Order _____ Deposit \$ _____

Pick Up Date _____ Total Cost \$ _____

SHAPE	SPRAY	GLASS	SAND	GLOSS	POLISH	PACK/DISPATCH
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