



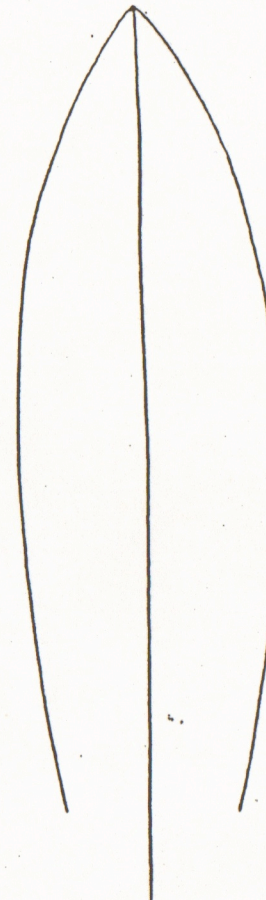
NAME _____	ADDRESS _____	DATE _____
PHONE # _____	OTHER # _____	AGE _____
LENGTH _____	SHAPE _____	WEIGHT _____
		BOARD # _____

	NOSE	CENTER	TAIL
WIDTH:			
THICKNESS:			
ROCKER:			
RAIL:	TAPERED	MEDIUM	FULL
GLASSING TOP:		BOTTOM:	
GLOSS: YES NO		POLISH: YES NO	
FINS: FRONT:		BACK:	
FIN TEMPLATE:			
AIRSPRAY:			

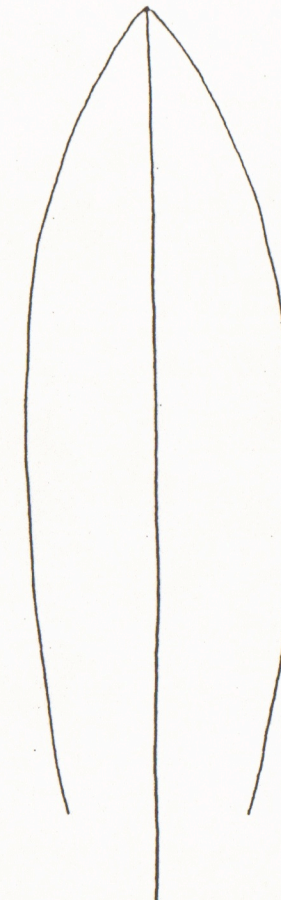
PAYMENTS:	
DEPOSIT:	\$
2ND PAYMENT:	\$
3RD PAYMENT:	\$

COMMENTS:

BLANK  
DENSITY \_\_\_\_\_



Top



Bottom