



Height _____
 Weight _____
 Ability _____
 Experience _____

Order # _____

Deposit _____

Balance _____

Name _____

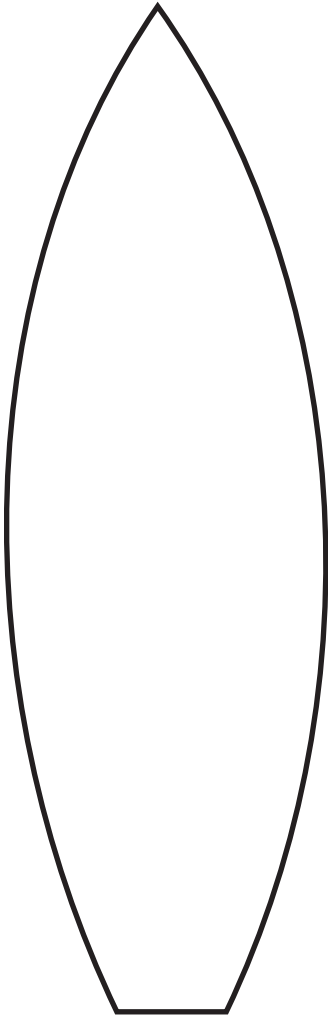
Address _____

Email _____

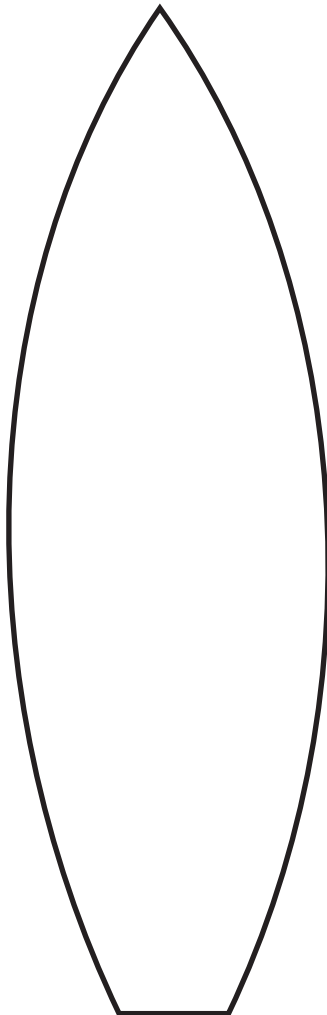
Mobile _____

Model		
Length		
Width		
Thickness		
Tail shape		
Rail shape		
Bottom		
Fins	3	4 5
Plugs	<input type="checkbox"/>	
Surfinz	<input type="checkbox"/>	
Futures	<input type="checkbox"/>	
Fusion	<input type="checkbox"/>	
Powerbase	<input type="checkbox"/>	
Glass On	<input type="checkbox"/>	
Glass Top		
	4	4 6
Tail Patch		
	4	6 Carbon Flavour
Bottom Glass		
	4	6
Spray		
	Yes	No

Top



Bottom



Special instructions