CUSTOMER:

ADDRESS:

PHONE:

HOME WORK

HEIGHT: WEIGHT (lbs.) SIZE OF SURF:

SHAPING MODEL:

SHAPER:

LENGTH:

WIDTH:

THICKNESS:

NOSE:

HIP:

TAIL BLOCK:

ROCKER:

RAILS

GLASSING

TOP:
OZ

BOTTOM:
OZ

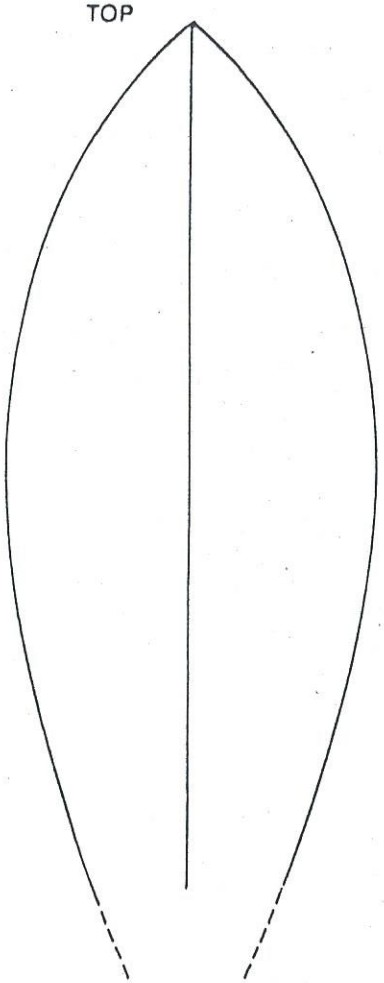
DECK PATCH:

FINS: BOX ☐
FIXED ☐

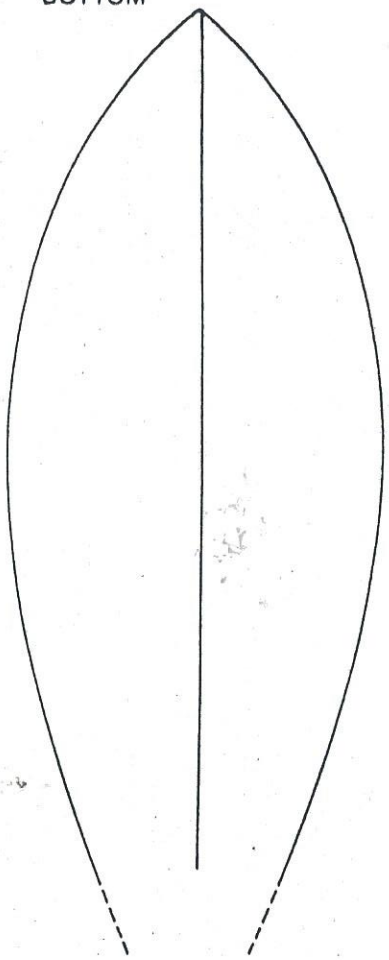
ADDITIONAL INFORMATION

INTER-ISLAND SURF SHOP

TOP



BOTTOM



SERIAL NO.

ORDER DATE

DUE DATE

ORDERED BY

PRICE

PRICE AND SPECIFICATIONS APPROVED BY CUSTOMER. I UNDERSTAND MY DEPOSIT IS NOT REFUNDABLE.