



C U S T O M O R D E R D A T E : #

NAME: _____ AGE: _____
 ADDRESS: _____ WEIGHT: _____
 _____ HEIGHT: _____
 PHONE: _____ EXPERIENCE: _____
 CURRENT BOARD: _____

SHAPER: _____

LENGTH: _____ NOSE: _____
 WIDTH: _____ TAIL: _____
 THICKNESS: _____ RAILS: _____

SINGLE CONCAVE
 DOUBLE CONCAVE
 FLAT
 REVERSE VEE
 OTHER _____

TAIL:

CUSTOM

SQUARE ROUND THUMB

ROUNDED SQUARE ROUNDED PIN SWALLOW

RAILS:

LOW MED BOXY LOW BOXY

GLASSING: DECK

4oz. 5oz. 6oz TAIL PATCH

 BOTTOM

4oz. 5oz. 6oz

BLANK: _____

FINS:

Future FCS Glass Ons

Fin Setup _____

Fin Model _____

Price \$ _____

Deposit \$ _____

Balance \$ _____

DETAILS: _____

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