



CUSTOM ORDER

DATE:

#

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

SHAPER: _____

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

- SINGLE CONCAVE
- DOUBLE CONCAVE
- FLAT
- REVERSE VEE
- OTHER _____

TAIL:

CUSTOM



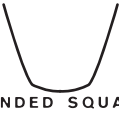
SQUARE



PIN



DIAMOND



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

Template / Size _____

Price \$ _____

Deposit \$ _____

Balance \$ _____

DETAILS: _____

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