

ALEXANDER

GEMINI

Order Date	Due Date	Board Number
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First Name	Last Name	Email Address
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Height	Weight	Age	Yrs. Surfing	Surf Level
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How many surfs per week?	Regular Surf Spots
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Model
Length
Width Nose Tail
Thickness

Blank	<input type="radio"/> PU	<input type="radio"/> EPS	
Tail	<input type="radio"/> Round <input type="radio"/> Rnd Pin <input type="radio"/> Swallow	<input type="radio"/> Squash <input type="radio"/> Round Squash <input type="radio"/> Bat	
Rails	<input type="radio"/> Tapered <input type="radio"/> Med Tap <input type="radio"/> Medium	<input type="radio"/> Med Full <input type="radio"/> Full <input type="radio"/> Other	
Fins	<input type="radio"/> Glass-On <input type="radio"/> Futures <input type="radio"/> Single Box	<input type="radio"/> FCS Plugs <input type="radio"/> FCS Fusion <input type="radio"/> FCS II	
Glassing Instructions			
Deck	<input type="radio"/> 4oz + 4oz	<input type="radio"/> 4oz + 6oz	<input type="radio"/> Other
Bottom	<input type="radio"/> 4oz	<input type="radio"/> 6oz	<input type="radio"/> Other
Extras	<input type="checkbox"/> Tail Patch	<input type="checkbox"/> Deck Patch	
Color Work			
Finish			

Deck

Bottom

