



La Santa Surf

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Shop: _____ Date: _____
 Name: _____ Phone: _____
 Height: _____ Weight: _____ Age: _____ Experience: _____

Length: _____ Nose: _____
 Width: _____ Tail: _____
 Thickness: _____ Rails: _____

TAIL


Other	Square	Pinned	Diamond
Rounded Square	Rounded Pin	Swallow	

RAILS

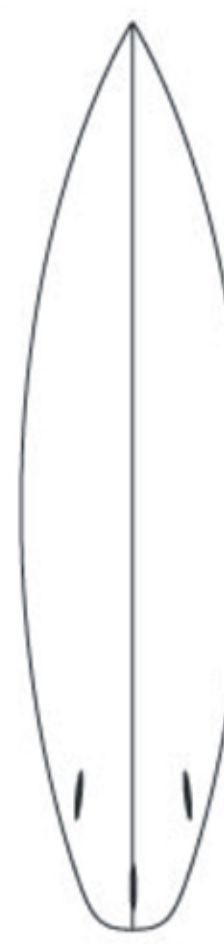
Low	Med	Boxy	Low Boxy

BOTTOM

	<input type="checkbox"/> Concave Single
	<input type="checkbox"/> Reverse Vee
	<input type="checkbox"/> Concave Single/Double
	<input type="checkbox"/> Other



Deck



Bottom

Spray options:

NEW SURFBOARD Surfboard type: _____ Wave size: _____
 Conditions: _____

GLASSING OPTIONS	DECK OPTIONS	FINS
Comp light: 4x4 <input type="checkbox"/> Stock: 4 - 4x6 <input type="checkbox"/>	Reinforced deck patch: <input type="checkbox"/>	Fin choice: _____
Light: 4 - 4x4 <input type="checkbox"/> Strong: 6 - 4x6 <input type="checkbox"/>	Reinforced tail patch: <input type="checkbox"/>	Measurments: _____

Precio _____ **Fecha** _____ **Mandar a** _____
Direccion _____