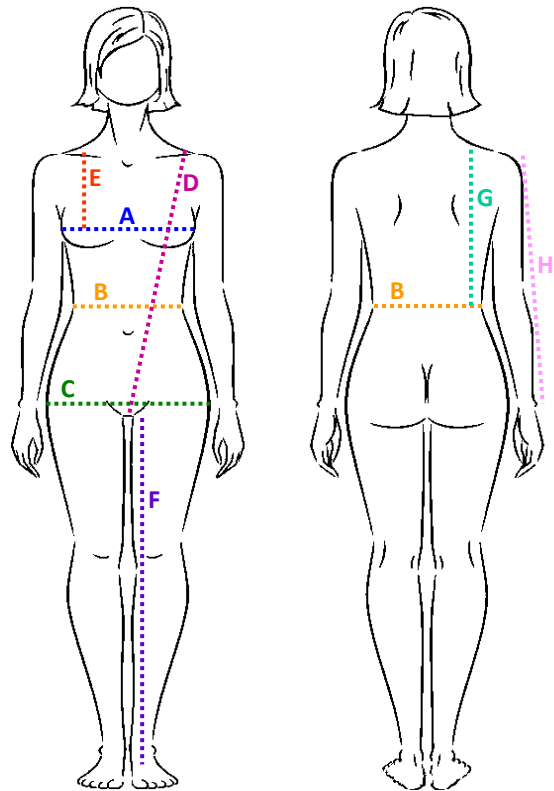


ACORN SPORT CUSTOM DRESS ORDER FORM

DATE:

CONSULTANT:



MEASUREMENTS	CM	Contact Name:	
Height:		Name of Skater:	
A: Chest Girth		Age:	Club:
B: Waist Girth		Address:	
C: Hip Girth			
D: Torso Girth		E-mail:	
E: Shoulder to Breast		Tel:	
F: Inseam		Music:	
G: Shoulder to Waist			
H: Shoulder to Wrist			

COMMENTS:

