

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL \_\_\_\_\_

EMAIL \_\_\_\_\_

BUDGET \_\_\_\_\_

DATE \_\_\_\_\_

SKATER \_\_\_\_\_

NECK :

SHOULDERS :

BETWEEN ARMS :

CHEST :

WAIST :

BUTT (fullest part) :

TORSO :

ARM LENGTH :

BICEP :

ELBOW :

WRIST :

PANTS LENGTH :

CROTCH TO THE FLOOR :  
(without skates)

THIGH :

KNEES :

