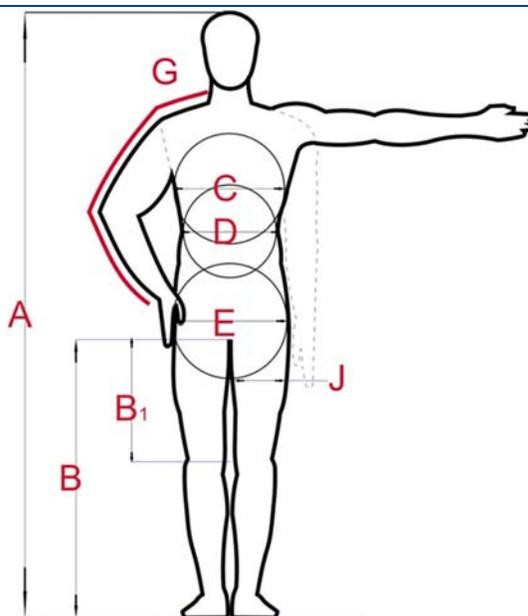


Order Form

ATHLETE NAME				
GENDER	F <input type="checkbox"/>	M <input type="checkbox"/>	CATEGORY	U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U18+ <input type="checkbox"/>
PARENT NAME				
POSTAL ADDRESS				
PHONE				
EMAIL				



EXACT MEASUREMENTS			inches / lbs
<b>A</b>	HEIGHT		
<b>B</b>	INSEAM - STEP		
<b>B<sub>1</sub></b>	INSEAM - MIDDLE KNEE		
<b>C</b>	CHEST - BUST	GIRTH	
<b>D</b>	WAIST	GIRTH	
<b>E</b>	HIP	GIRTH	
<b>F</b>	WEIGHT		
<b>G</b>	SLEEVE - NECK TO WRIST (HAND ON HIP)		
<b>H</b>	ORDINARY MEASUREMENT (8, 10, 12, ... XL)		
<b>J</b>	THIGH	GIRTH	

1

DESIGN

Model number / name or any specific information ( [www.drboobo.ca](http://www.drboobo.ca) )

2

ADJUSTMENT / FIT

Slim fit       Regular fit       Slightly loose fit

3

MODEL / PROTECTION

  
 Fully padded       Unpadded

  
 SL knees thighs arms       GS knees thighs       Unpadded

4

OPTIONS

Fleece liner  
*(Not recommended for U16 or older athletes)*  
 FIS approved fabric (\$)  
 World Cup FIS approved fabric (\$)  
 Other \_\_\_\_\_

*No addition option for ArtProjekt models*

5

PAYMENT

Full Payment  
 50% Deposit *(Balance due at delivery)*

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Interac eTransfer: hugues\_forget@hotmail.com ( Secret question = **Sport** Answer = **ski** )  
 PayPal  
 Cash  
 Check to the order of Hugues Forget  
 Credit Card *(Square, available for in-person orders only)*

6

CONFIRMATION

By signing below, I confirm that the measurements indicated on this form are accurate and I understand that Dr.Bobo can not be held responsible for manufacturing errors that may result from inaccurate measurements. Custom race suits sales are final and I agree to pay any unpaid amount at the time of delivery.

\_\_\_\_\_ signature \_\_\_\_\_ date

USAGE INTERNE

N° commande

Taille

Montant total

Dépôt reçu