

Seckence Inc. -2336 La Mirada Dr.#700, Vista, CA 92081. USA



DATE _____ DATE REQUIRED _____







NAME _____

ADDRESS _____

PHONE: H _____ M _____

E-MAIL _____

HEIGHT		WEIGHT		AGE		EXPERIANCE		WAVES SURFED	
LENGTH		WIDTH		THICKNESS		NOSE WIDTH		TAIL WIDTH	UP TO SHAPER <input type="checkbox"/>

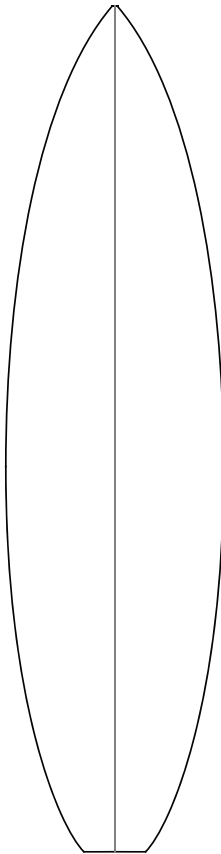
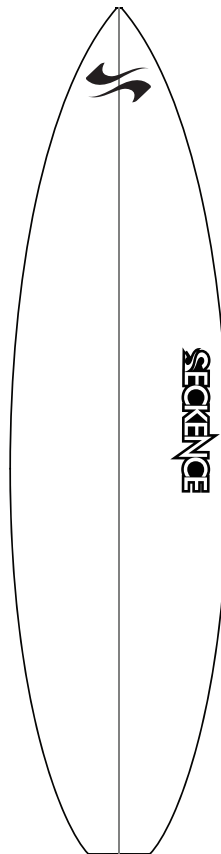
TAIL SHAPE	 PIN <input type="checkbox"/>	 ROUND <input type="checkbox"/>	 SQUASH <input type="checkbox"/>	 R/SQUARE <input type="checkbox"/>	 SQUARE <input type="checkbox"/>	 SWALLOW <input type="checkbox"/>
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SPECIAL SHAPING INSTRUCTIONS:

RAILS: LOW MED BOXY LOW BOXY

ROCKER: FLAT AVERAGE FULL

BOTTOM SHAPE: SINGLE/DOUBLE CONCAVE SINGLE CONCAVE OTHER:

<p>GLASSING:</p> <p>BOTTOM/INSERT/DECK</p> <p>COMP LGHT :4x4 <input type="checkbox"/></p> <p>TEAM: 4X3/4X4 <input type="checkbox"/></p> <p>STOCK: 4x4x4 <input type="checkbox"/></p> <p>STRONG: 4x6x4 <input type="checkbox"/></p> <p>EXTRAS:</p> <p>TAIL PATCH <input type="checkbox"/></p> <p>WIDE LAPS <input type="checkbox"/></p> <p>FINISH:</p> <p>ACRYLIC <input type="checkbox"/></p> <p>SANDED GLOSS <input type="checkbox"/></p> <p>GLOSS <input type="checkbox"/></p> <p>DECAL PLACEMENT:</p> <p>A <input type="checkbox"/> B <input type="checkbox"/></p> <p>C <input type="checkbox"/> D <input type="checkbox"/></p>	<p>FCS</p>		<p>DECK</p> 	<p>BOTTOM</p> 
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