



NAME _____

Date _____

Address _____

Due Date _____

Shape _____

Top

Bottom

Deposit _____

Balance _____

Width _____

LAMINATION

Length _____

Top _____

Nose _____

Bottom _____

Tail _____

Fin _____

Stringer _____

GLOSS

Rail _____

Top _____

Rocker _____

Bottom _____

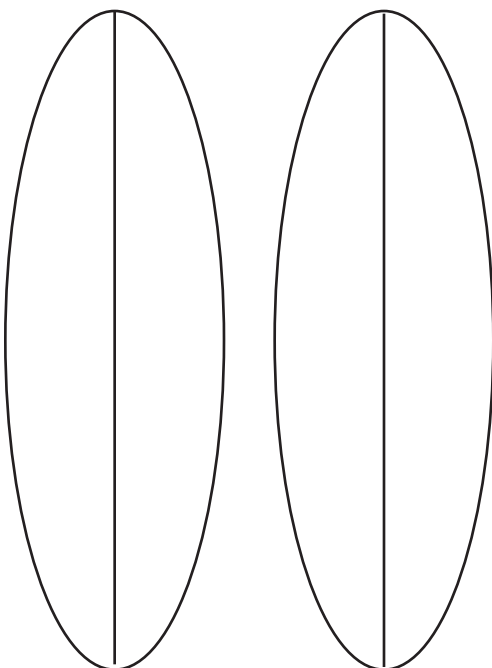
Blank _____

PAINT

Shaper Jeff Clark

Top _____

Bottom _____



Internal



JEFF CLARK SURFBOARDS

Date _____

Due Date _____

Deposit _____

Balance _____



JEFFCLARKSURFBOARDS.COM

ph (650) 563-9060