



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

# \_\_\_\_\_

Date \_\_\_\_\_

IN \_\_\_\_\_  
DUE \_\_\_\_\_

### Shape

Length \_\_\_\_\_ Width \_\_\_\_\_

Nose \_\_\_\_\_ Tail \_\_\_\_\_

Thickness \_\_\_\_\_

Rocker \_\_\_\_\_

Stringer \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Glassing

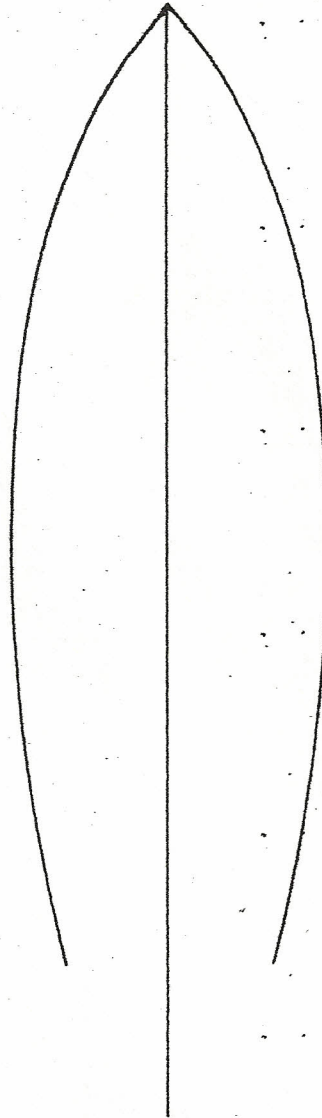
Bottom \_\_\_\_\_

Top \_\_\_\_\_

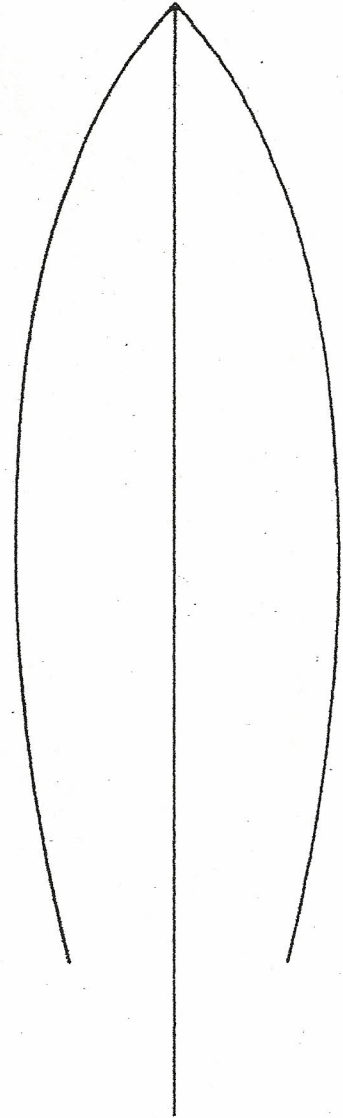
Deck Patch \_\_\_\_\_

Hot Coat \_\_\_\_\_

Comment \_\_\_\_\_



TOP



BOTTOM

### Fins

Box \_\_\_\_\_

Twin \_\_\_\_\_

Single \_\_\_\_\_

Tri \_\_\_\_\_

### Gloss

Top \_\_\_\_\_ Bottom \_\_\_\_\_

Pinlines \_\_\_\_\_

\_\_\_\_\_

Texture \_\_\_\_\_

\_\_\_\_\_

### Airbrush

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_