



T. ROSS

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DEPOSIT: \$ _____

BALANCE: \$ _____

NAME: _____ PHONE: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ SHOE SIZE: _____ HEIGHT: _____ WEIGHT: _____

WAVE SIZE / SPOT: _____

MODEL: _____

DIMENSIONS: _____

VOLUME: _____

TAIL: _____

FIN BOXES: _____ FIN SET UP: _____

 : _____

 : _____

EPS Foam

PU Foam

STRINGER: _____

COLOR: _____

NOTES: _____

NAME SIGNED ON BOARD: _____

GLASSING OPTIONS:

- PRO LITE : 3/4E4oz + E4oz DECK / E4oz BOTTOM
- LITE : E4oz + E4oz DECK / E4oz BOTTOM
- STRONG LITE: E4oz + E6oz DECK / E4oz BOTTOM
- STRONG : E4oz + E6oz DECK / E6oz BOTTOM
- ULTRA STRONG: E6oz + E6oz DECK / E6oz BOTTOM
- 4oz S Glass Upgrade \$10 Extra
- 6oz S Glass Upgrade \$10 Extra
- CARBON PRO TOES \$ _____

DECK

BOTTOM

