

P.O. Box 482
 Kaneohe, HI 96744
 Tel: (808)239-6263
 Email: Vessosurf@gmail.Com
 Instagram: @vessosurf

V E S S O

Surfboards

Name: (First) _____ (Last) _____		Date: (Order) _____ (Due) _____	Serial #:
Weight:	Height:	Phone/Contact/Email:	
Board Length:	Width:	Thickness:	Tail Design:
Surf spot/How many times you surf:	Wave Size:	Ability: Pro / Advanced / Intermediate / Beginner	

Volume: _____
 File #: _____

Rails: Tapered Med Tap Medium Med Full Full	Model: _____
	Blank: _____
	Rail: _____

Glassing:

Top: 6oz + 4oz / Bottom: 4oz Sanded

Top: 4oz+ 4oz + 4oz Tail Patch / Bottom: 4oz Gloss Polish

Top: 4oz + 4oz / Bottom: 4oz Shop Finish

Top: 4oz+ 3/4 4oz deck patch / Bottom: 4oz Other: _____

Top: _____ Bottom: _____

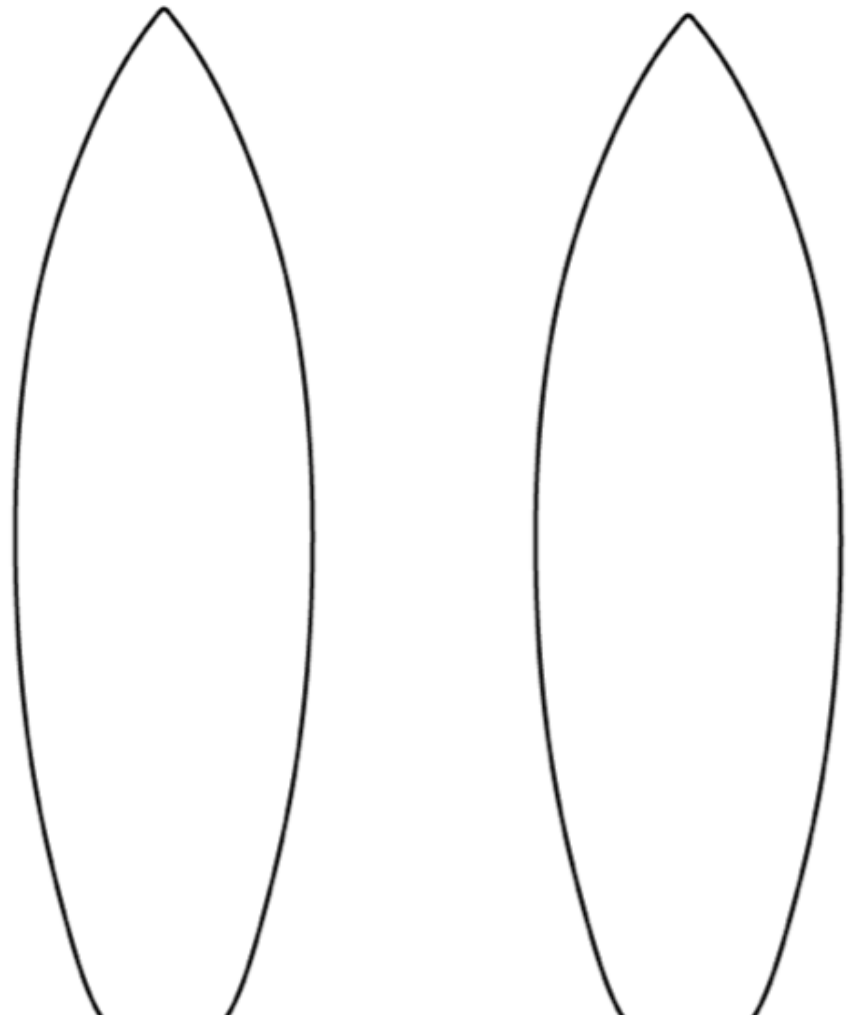
Special Instructions

Current Surfboard:

T-

Top

Bottom



AIRBRUSH	TINT	PIGMENT
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	In	Out
Glasser:		
Shaper:		

	By	Date	Price
Total:			
Deposit:			CA CK#
Balance:			
Paid In Full:			CA CK#

Fin #: _____
 Fin Box Color: _____

Futures: FCS II: Fusions: Other: _____