

Milkshakes



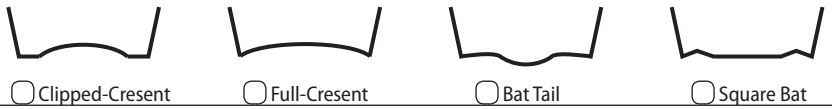
Hand crafted by Glenn Taylor
www.milkshakesdesigns.com

Name: _____ Age: _____
 Address: _____ Height: _____
 Suburb: _____ Weight Kgs: _____
 Postcode: _____ State: _____ Phone: _____
 Email: _____ Mobile: _____

Specifications: All measurements to be taken from outside rail.

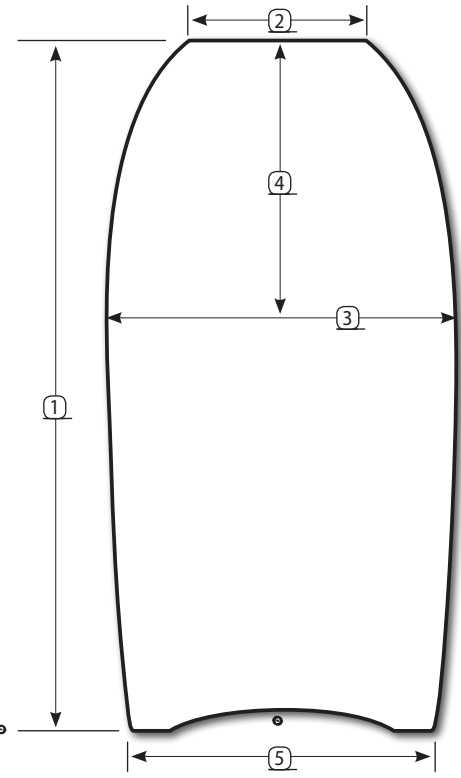
1. Length Curve: Prone Versatile DK
 2. Nose Core: PE PP Beaded PP
 FRC (flex response core)
 3. Width Rails: 50/50 60/40
 4. Nose to wide point Bottom: Flat Channels
 5. Tail

Tail Shapes: All tails are one piece rolled from deck

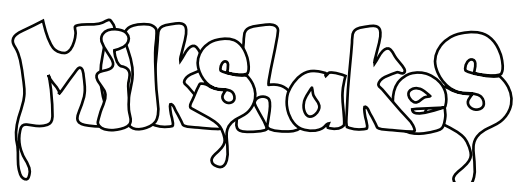


Colours

Black Navy Mid Blue Lime Green Yellow Red Orange Purple Pink Grey White
 Deck Colours: Black, Navy, Mid Blue, Lime Green, Yellow, Red, Orange, Purple, Pink, Grey, White
 Grip Deck Colours (PP boards only): Navy, Mid Blue, Powder Blue, Yellow, Red
 Slick Colours: Black, Blue, Red, White, Lime Green, Orange, Grey, Silver
 Pin Line Colour: Black, Navy, Mid Blue, Red, Yellow, Grey, White, Dark Green, Lime Green, Purple, Pink, Powder Blue, Brown
 Outside Rail Colour: Black, Navy, Mid Blue, Lime Green, Yellow, Red, Orange, Purple, Pink, Grey, White
 Deck: (1. _____) Pin: (1. _____) Rail: (1. _____) Slick: (1. _____)
 (2. _____) (2. _____) (2. _____) (2. _____)



Stamps: Please indicate on diagram provided eg. logo + sizes



Pricing Plus Extras

Channels \$25 Stringer \$25 Nose Bulbs \$10
 Hip-Loc \$25 Spring Flex Stringer \$20 Mesh (PE only) \$20

Basic PE Board \$300
 Basic PP Board \$350
 Basic FRC Board \$350

WBA Membership number for 20% discount _____
www.womensbodyboarding.com

Special Requirements _____

Basic Board	\$ _____
Extras	\$ _____
Freight	\$ _____
Total	\$ _____

Payment (\$100 deposit is required on each board ordered on time of order)

Ph: 02 6581 5525 Fax: 02 6581 5526 Email: glenn@turbosurfdesigns.com.au
 Post all orders to Turbo Surf Designs. P.O. Box 9548 Port Macquarie 2444
 I enclose a cheque / money order payable to Turbo Surf Australia Pty Ltd for: Deposit: \$ _____ Balance: \$ _____
 Or charge my: VISA Bankcard Mastercard Expiry Date: () ()
 Card Holders Number: _____ Card Holders Name: _____ Signature: _____