



Order Form

P: 0407 591 151 E: wardysurfboards@hotmail.com

Personals

Name _____

Address _____

Suburb _____ P/Code _____

Ph _____

Email _____

Order Date _____

Dimensions

Length _____ Nose Width _____

Width _____ Tail Width _____

Thickness _____ Pod Width _____

Guide to area of tail

Narrow _____ Average _____ Wide _____

Tail Shape

☐ Pin
 ☐ Rd Pin
 ☐ Round
 ☐ Squash
 ☐ Rd Square
 ☐ Square
 ☐ Swallow

Rails

☐ Low
 ☐ Med
 ☐ Boxy
 ☐ Low Boxy

Nose Rocker ☐ Full ☐ Average ☐ Flat
 Tail Rocker ☐ ☐ ☐ ☐

Bottom Contour

☐ Flat
☐ Reverse Vee
☐ Single
☐ Double
☐ Single/Double



Fin

☐ Standard
 ☐ Foam Fill
 ☐ FCS

Glassing

☐ Light
 ☐ Medium
 ☐ Heavy

Special Instructions (Decals, Spray, Colour)

TOTAL \$ _____

Deposit \$ _____

Balance \$ _____