



DOLFIN TEAM GEAR SIZING FORM

Dolphin Account #: _____

Signature*: _____

Primary Contact Name: _____

Date: _____

Team Name: _____

Please use the charts in the back of the current Dolfin catalog, or at dolfinswimwear.com, to determine the ideal size from the measurement taken.

	Athlete First/Last Name	chest	waist	hip	torso	inseam		CXS	CS	CM	CL	AXS	AS	AM	AL	AXL	1XL	2XL
1							top											
							bottom											
2							top											
							bottom											
3							top											
							bottom											
4							top											
							bottom											
5							top											
							bottom											
6							top											
							bottom											
7							top											
							bottom											
8							top											
							bottom											
9							top											
							bottom											
10							top											
							bottom											
11							top											
							bottom											
12							top											
							bottom											
13							top											
							bottom											
14							top											
							bottom											

TOTAL TOPS																		
TOTAL BOTTOMS																		

*By signing this form, I agree that the measurements sizes below are accurate and what should be purchased.