

DOLFIN WOMEN'S SWIMWEAR SIZING FORM

Dolfin 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 (In Inches)	Waist (In Inches)	Hip (In Inches)	Torso (In Inches)	Order Size			Short	Reg	Long
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

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