



CUSTOM DESIGN FORM

***RUSH** yes no

C.S. Rep. _____ Phone # _____ Date of Request _____
 Contact Name _____ Acct. Name _____
 E-mail _____ Acct. Number _____
 Potential Pieces for Order _____ (Required) Approx. Size Range _____ (Required) Budget (Per Garment) _____ (Required)

GARMENT INFORMATION

Fabric | Color

Main Fabric: _____ Fabric 3: _____
 Fabric 2: _____ Fabric 4: _____
 Refer to Style _____ Competitor Style _____ Show with Style _____

EMBELLISHMENT INFORMATION

Other Quotes Submitted (Indicate the # of each):

___ Jewels ___ Imprinting ___ Spanglez™ ___ Nailheads
 ___ Imprintz™ ___ Embroidery ___ Applique Embroidery

WOMEN'S STYLE

Gymnastics Leotard

Liner Color: _____

OTHER

MEN'S STYLE

Gymnastics Competition Shirt Short

 Pant
 OTHER

FURTHER DETAIL