



CUSTOM DESIGN FORM

*RUSH	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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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™ ___ Sequinz™
 ___ Imprintz™ ___ Embroidery ___ Applique Embroidery ___ Nailheads

WOMEN'S STYLE

Gymnastics Leotard

Liner Color: _____

OTHER

MEN'S STYLE

Gymnastics
Competition
Shirt

Short

Pant

OTHER

FURTHER DETAIL

COSTING INFORMATION*

Cost _____ Retail _____ CD # _____

Wholesale _____ Sublimation Print # _____

*** Internal Use Only**