



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

Fabrics

Main Fabric: _____ Fabric 3: _____
 Fabric 2: _____ Fabric 4: _____

Color

Main Color: _____ Color 3: _____
 Color 2: _____ Color 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 ___ Sequined Embroidery

WOMEN'S STYLE

Gymnastics Leotard

MEN'S STYLE

Gymnastics Competition Shirt

Short

Pant

OTHER

Liner Color: _____

OTHER

FURTHER DETAIL

COSTING INFORMATION*

Cost _____ Retail _____ CD # _____
 Wholesale _____ Sublimation Print # _____ *** Internal Use Only**