



GK WOMEN'S SIZING FORM

GK Account #: _____ Signature*: _____
 Primary Contact Name: _____ Date: _____
 Team Name: _____

Please use the size charts in the back of the current GK Competitive & In Stock catalog, or at gkelite.com, to determine the ideal size from the measurements taken.

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

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