



FIGURE SKATING DEALS

Print and fill out this form and fax it to: 1-604-264-9206

For any Question Please call Toll Free: 1-800-880-7505

SKATER INFO:

Name of skater _____

Age _____ Weight _____ Height: _____

Level of skating: _____

Working on jump? _____

Old Boot: Size _____ Make _____

Old Blade: Size _____ Make _____

New Boot:

Make of skates wanted _____ **Color: White Black Beige**

Make of blades wanted _____

Name of Coach: _____ **Telephone:** _____

SHIPPING INFO:

Name _____

Address _____

City _____

Province/State _____ Country _____

Postal/Zip Code _____

Telephone:

Home _____ Work _____

Email: _____

Credit Card Information (Visa, Mastercard, American Express)

Number: _____ Expiry: _____

Signature: _____

Boot Sizing Information

Please read carefully before measuring.

Tracings

To be taken standing, with normal weight on both feet, wearing normal skating tights. Hold pencil in upright position and trace close to the foot. Mark any tender places.

Type of Arch (Please Circle)

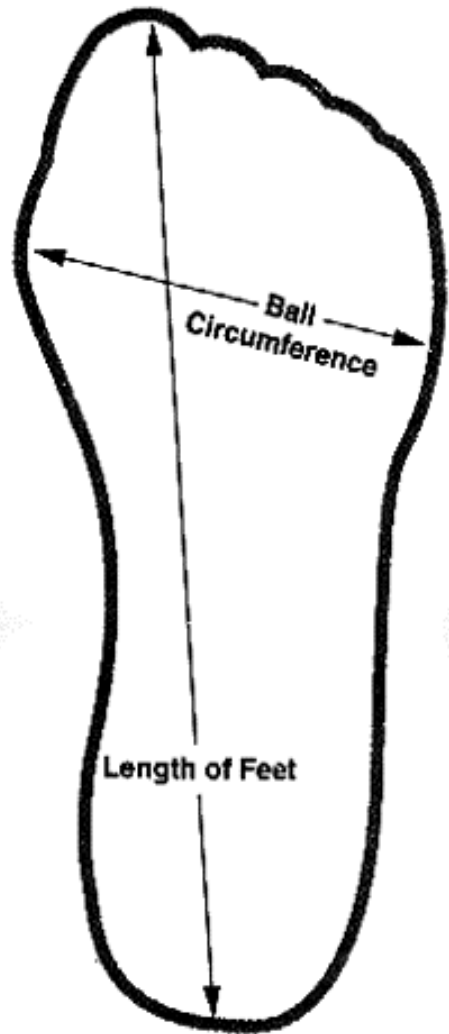


Measurements

To be taken sitting down. Using a good tape measure, take measurements in exact position shown on drawing, keeping the tape snug but not tight.

	Right	Left	
Length			
Ball			
Instep			
Heel			
Ankle			

Please draw a line from tip of toe to heel, and give the length in inches.	
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We will look over these measurements and contact you as soon as possible to confirm sizing and fit.

Need delivery by (D/M/Y): _____

COMMENTS:
