

KŪ HOE

NAME: _____		DATE: _____	SERIAL #: _____	
[ADDRESS] _____	[CITY] _____	[STATE] _____	[ZIP] _____	
[HOME PHONE] _____	[WORK PHONE] _____	[CELL PHONE] _____		

HEIGHT: _____

WEIGHT: _____

SURF SIZE: _____

ABILITY: _____

GLASSING

MEDIUM **6+4 Top / 6 Bottom**

STRONG **6+6 Top / 6 Bottom**

OTHER

FINS

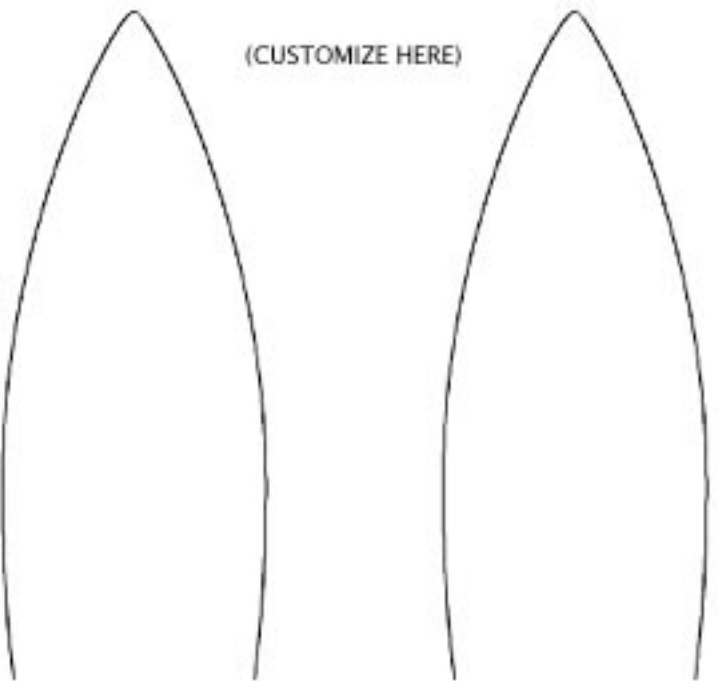
REMOVABLE SYSTEM

SIZE: _____

FIBERGLASS

Please mail completed form with check or M.O. for \$500.00 (deposit) payable to:
 Robin Johnston Surf Boards
 58-111 Iwia Place Haleiwa, HI. 96712
 Questions? Call Kainoa @ 808.635.7511

(CUSTOMIZE HERE)



LENGTH: _____

WIDTH: _____

THICKNESS: _____

NOSE: _____

TAIL: _____

RAILS: TAPERED MED FULL