



Distributor Name: _____

Date: _____ Event: _____

CUSTOMER INFORMATION

Customer Name: _____ Phone: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Paddle Amount: \$ _____

Model: _____ Color: _____ Preferred Weight: _____ Grip Style: _____

Paddle Amount: \$ _____

Model: _____ Color: _____ Preferred Weight: _____ Grip Style: _____

Apparel Amount: \$ _____

Style: _____ Gender: _____ Size: _____ Color: _____ Quantity: _____

Apparel Amount: \$ _____

Style: _____ Gender: _____ Size: _____ Color: _____ Quantity: _____

Other Amount: \$ _____

Item: _____ Type/Style: _____ Quantity: _____

TOTAL \$ _____

Special Instructions: