EMB: SENT:	DEP. REV.	SEWER: DATE:	REFLECTIVE: ____yds. X-Hours:	DES. DATE:	SHIP:

EMBROIDERY

NAME _____ ☐Block ☐Script ☐Left Chest ☐ Belt _____ Blood Type____

CHEST _____

_____

BACK _____

COLLAR _____ EPAULETS _____

RIGHT SLEEVE LE logo _____

_____

LEFT SLEEVE LE logo _____

_____

LEGS _____

THREAD COLORS

_____

_____

_____

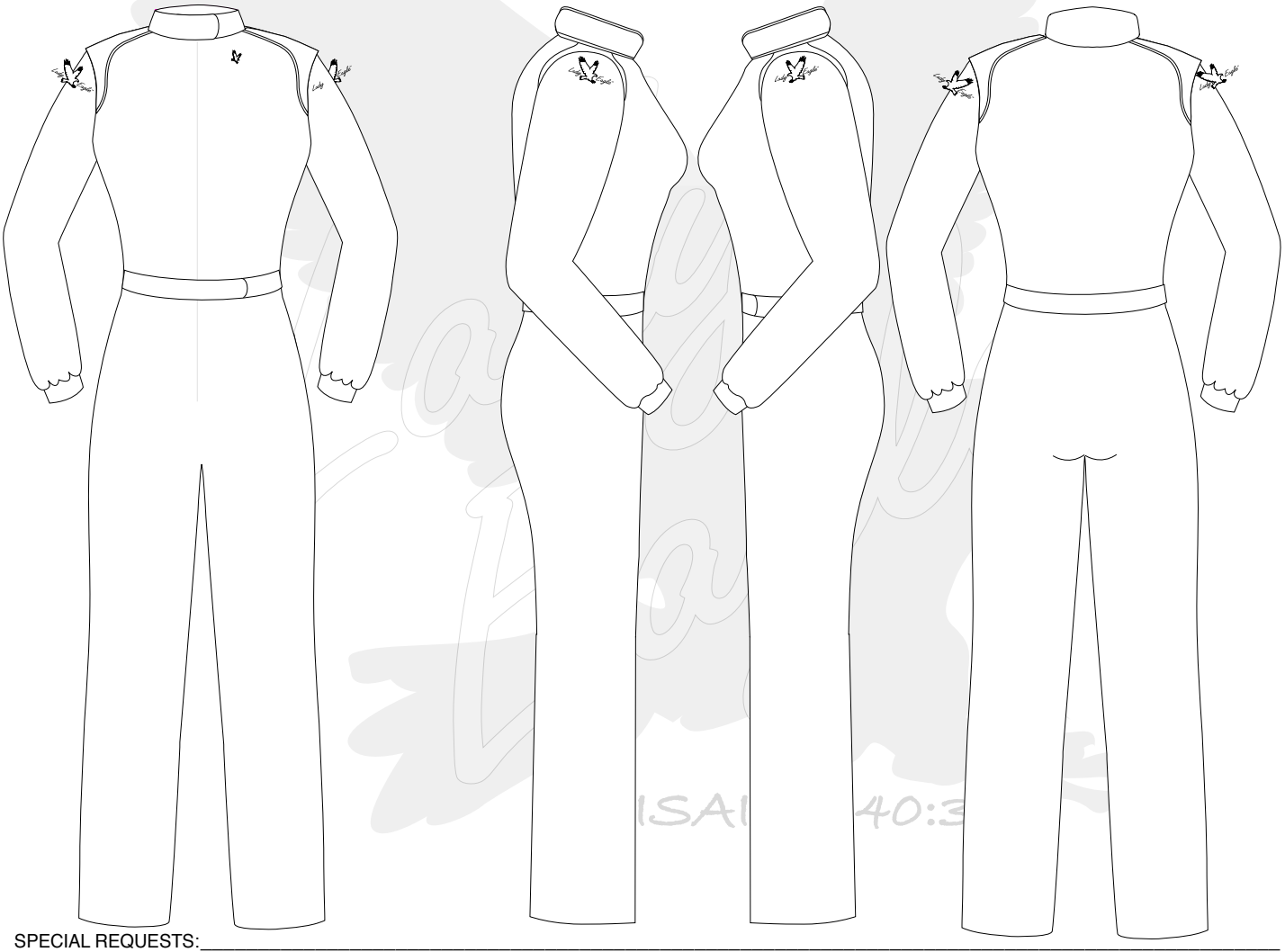
_____

_____

_____

_____

_____



SPECIAL REQUESTS: _____

_____

PATCHES : _____ ☐ DROP WAIST

OUTER Layer	LAYERS	LINING	MIDDLE LAYER	QUILTING		SFI PATCH
☐Woven ☐Sateen ☐Knit	☐2 ☐3 ☐4 ☐__	___Knit ___CarbonX ___Honeycomb	___Knit ___CX Felt ___Honeycomb	☐Pinstripe ☐Box	CUSTOM ☐	☐ 3.2A/___

LEG CUFFS				EPAULETS			SHOULDERS	SLEEVE "D" RINGS	
☐Boot Leg	☐Hoof	☐Sewn-in Socks	☐Cuff Leg	☐3-Point	☐Standard	☐HR Pro	☐ 180° ☐ 360° ☐ 270° ☐ Extended	☐Above Elbow ☐Below Elbow ☐SFI Patch ☐ ARM RESTRAINT	

632 Ajax • Madison Heights MI 48071 • (248) 585-9139 • Fax: (248) 585-9242

STUFF