



Slip On Sleeves

Name:				Measurement Date			
Gender:				Measured By			
Cup Size:				Event/Camp			
Height:				Billing & Shipping Address			
Weight:							
US Shoe Size:							
Phone:							
Email:							
1	Bicep (E)			4	Elbow to wrist (B)		
2	Forearm (F)			5	Inner Arm (B1)		
3	Wrist (G)						