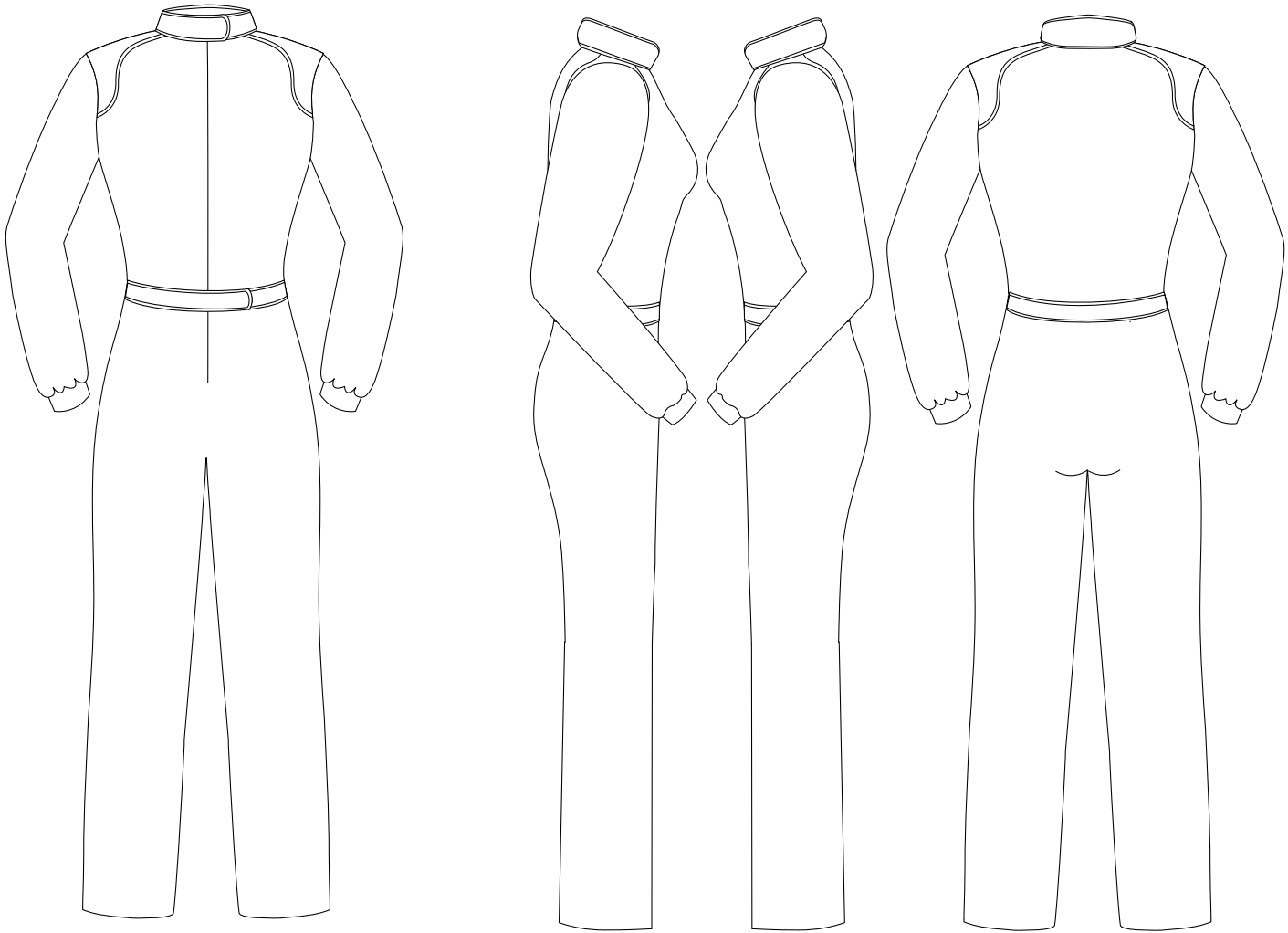


EMB: SENT:	DEP. REV.	SEWER: DATE:	REFLECTIVE: ___yds. X-Hours:	DES. DATE:	SHIP: _____
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<b>EMBROIDERY</b>	NAME _____	<input type="checkbox"/> Block <input type="checkbox"/> Script <input type="checkbox"/> Left Chest <input type="checkbox"/> Belt	<b>THREAD COLORS</b>	Blood Type _____
	CHEST _____			
	BACK _____			
	COLLAR _____	EPAULETS _____		
	RIGHT SLEEVE <u>LE logo</u>			
	LEFT SLEEVE <u>LE logo</u>			
	LEGS _____			

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SPECIAL REQUESTS: \_\_\_\_\_

PATCHES: \_\_\_\_\_  DROP WAIST  RECEIVER POCKET

<b>OUTER Layer</b> <input type="checkbox"/> Woven <input type="checkbox"/> Sateen <input type="checkbox"/> Knit <input type="checkbox"/> PLUS <input type="checkbox"/> Lite		<b>LAYERS</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<b>LINING</b> ___ Knit ___ Honeycomb ___ CarbonX ___	<b>MIDDLE LAYER</b> ___ Knit ___ Honeycomb ___ CX Felt ___	<b>QUILTING</b> <input type="checkbox"/> Pinstripe <input type="checkbox"/> Box	<b>CUSTOM</b> <input type="checkbox"/>	<b>SFI PATCH</b> <input type="checkbox"/> 3.2A/___
<b>LEG CUFFS</b> <input type="checkbox"/> Boot Leg <input type="checkbox"/> Hoof <input type="checkbox"/> Sewn-in Socks <input type="checkbox"/> Cuff Leg		<b>EPAULETS</b> <input type="checkbox"/> 3-Point <input type="checkbox"/> Standard <input type="checkbox"/> HR Pro		<b>SHOULDERS</b> <input type="checkbox"/> 180° <input type="checkbox"/> 360° <input type="checkbox"/> 270° <input type="checkbox"/> Extended		<b>SLEEVE "D" RINGS</b> <input type="checkbox"/> Above Elbow <input type="checkbox"/> Below Elbow <input type="checkbox"/> SFI Patch <input type="checkbox"/> ARM RESTRAINT	

