DESIGN 500 Racewear

6333 First Ave. South Seattle, WA 98108
(206) 447-9860 Fax (206) 447-0824
info@design500.com www.design500.com

MEASUREMENT FORM:

Please take exact measurements.
DO NOT make adjustments.

Date of Deposit: _____

Design Rec'd: _____

Date Measured: _____

Name _____

Address _____

City/State/Zip _____

Work Phone _____

Cell _____ Home _____

Email _____

Web Site _____

INVOICE NO: _____

Shop Only

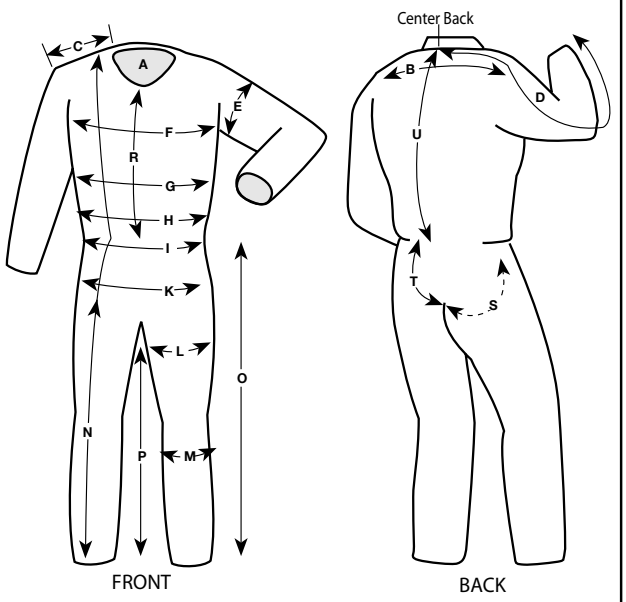
DATE : _____

Height_____ Weight_____ Age_____

Shop Only					
			Finish At	Finished	
_____	A. _____	Neck size	_____	_____	
_____	B. _____	Across shoulders (back)	_____	_____	
_____	C. _____	Sleeve seam to collar	_____	_____	
_____	D. _____	Arm bent (center of collar to wrist)	_____	_____	
_____	E. _____	Bicep (flexed)	_____	_____	
_____	F. _____	Chest circumference	_____	_____	
_____	G. _____	Midway between chest & waist (base of ribs)	_____	_____	
_____	H. _____	Stomach measurement at fullest	_____	_____	
_____	I. _____	Waist circumference (1" below navel)	_____	_____	
_____	K. _____	Hip circumference at fullest	_____	_____	
_____	L. _____	Thigh (2" down from crotch seam)	_____	_____	
_____	M. _____	Calf circumference at fullest	_____	_____	
_____	N. _____	Shoulder seam to ankle bone	_____	_____	
_____	O. _____	Outside seam (waist to ankle)	_____	_____	
_____	P. _____	Crotch seam to ankle bone (not pants length)	_____	_____	
_____	R. _____	"V" of neck to waist	_____	_____	Measure S + T
_____	S. _____	Waistline to crotch seam (front)	_____	_____	
_____	T. _____	Waistline to crotch seam (back)	_____	_____	_____
_____	U. _____	Collar to waistline (back)	_____	_____	
_____	R-S-T _____	Combined (from front collar through legs to back waist)	_____	_____	
_____	U-T-S _____	Combined (from back collar through legs to front waist)	_____	_____	
_____	R-S-T-U _____	Combined (from front collar through legs to back collar)	_____	_____	

Take ALL measurements - DO NOT ADD NUMBERS TOGETHER.

PLEASE DO NOT measure yourself. Use a cloth measuring tape.



If in doubt when measuring, please call us for help:
Phone: (206) 447-9860 • Fax: (206) 447-0824

ACCESSORY NEEDS (Color & Sizes where necessary)

UNDERWEAR ☐ Top ☐ Bottom ☐ Nomex ☐ CarbonX
☐ UnderTee ☐ Nomex ☐ CarbonX
☐ UnderShorts ☐ Nomex ☐ CarbonX

☐ HEAD SOCK ☐ Single Eyeport ☐ Twin Eyeport
☐ Nomex ☐ CarbonX

☐ SOCKS ☐ Nomex ☐ CarbonX Size_____

☐ SHOES Style_____ Color_____ Size_____

☐ GLOVES Style_____ Color_____ Size_____

☐ RACEGEAR BAG_____ Color_____ Size_____

☐ NECK COLLAR_____ Color_____ Size_____

☐ HARNESS PADS_____ Color_____

☐ HELMET Model_____ Size_____

☐ SHIELDS Model_____ Color_____

☐ HELMET SKIRT_____ Color_____

☐ HELMET BAG_____ Color_____ Size_____

☐ NOMEX ☐ Woven ☐ Sateen ☐ Knit ☐ CarbonX
Lining ☐ Knit ☐ Honeycomb ☐ CarbonX
☐ KARTING ☐ Cordura ☐ Antron Cordura
Lining ☐ Mesh ☐_____

LAYERS ☐ 2 ☐ 3 ☐ 4 ☐_____

QUILTING ☐ Box Quilt ☐ Pinstripe ☐ Contrasting Color

COLLAR ☐ Wrap Around ☐ Stand-up ☐ Woven ☐ Knit

EPAULETS ☐ Standard ☐ 3-Point ☐ None

SHOULDERS ☐ 180° ☐ 360° ☐ Extended Shoulder

"D" RINGS ☐ Below Elbow ☐ Above Elbow SFI Patch ☐ Yes 3.3 Arm Restraint

CUFFS ☐ Cuff Leg ☐ Bootleg w/inset cuff ☐ Sewn In socks ☐ Hoof

SFI Patch ☐ Yes 3.2A/___ ☐ No

SPECIAL REQUESTS _____

I agree that all measurements and information given are accurate and wish my suit to be made to this design.

Date_____ Signed_____

50% DEPOSIT REQUIRED WITH ORDER

Dep. Amt_____ Next Race_____

Contingency Certificate Amt_____

Note - Delivery time may vary according to time of year. Rev. 1/06