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Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

RH: _____ LH: _____ Conv: _____ FT: _____

Ball: _____ Wgt: _____ Pin: _____

Layout: _____ Surface: _____

BH Position: _____ Size: _____ Depth: _____

PAP: _____ Horizontal _____ Up / Down _____
 CLT / Offset Thumb _____

Thumb: _____ Style _____
 Fingers: _____ Style _____

Oval Angle: _____ Ferrati Ball Jig _____
 Oval Cut: _____ Right _____ Left _____

** Additional Equipment & Notes - See Reverse

