

AirBattens™

Order Form

Name _____

Street Address _____

City, State, Country, Postal Code _____

Telephone, Fax, e-mail _____

Boat: name _____ make, _____ model, _____ year _____ length _____

Sailmaker: name _____

Address _____

City, State, Country, Postal Code _____

Telephone, Fax, e-mail _____

Please provide the exact below listed measurements: Indicate: **feet and inches or meters-cms**

Length of Battens:

Mainsail: 1 (top) _____ 2 _____ 3 _____ 4 _____ 5 _____

Genoa: _____

P Length of mainsail luff _____

E Length of mainsail foot _____

1. 1/2 length of boom _____

2. Height of the boom from the deck/coach roof _____

3. Distance of **course** of tubing from Control Panel to the mast at coach roof _____

4. **Total** of these measurements 1,2,3 _____

This is the total 1 piece continuous length of multi channel tubing from CP in cockpit to mid boom

An extra margin will be provided

"You are responsible for correct measurements"

5. Control Panel Selected: Mark # 1 2 3 4 (please circle)

6. _____

Signature

Date

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