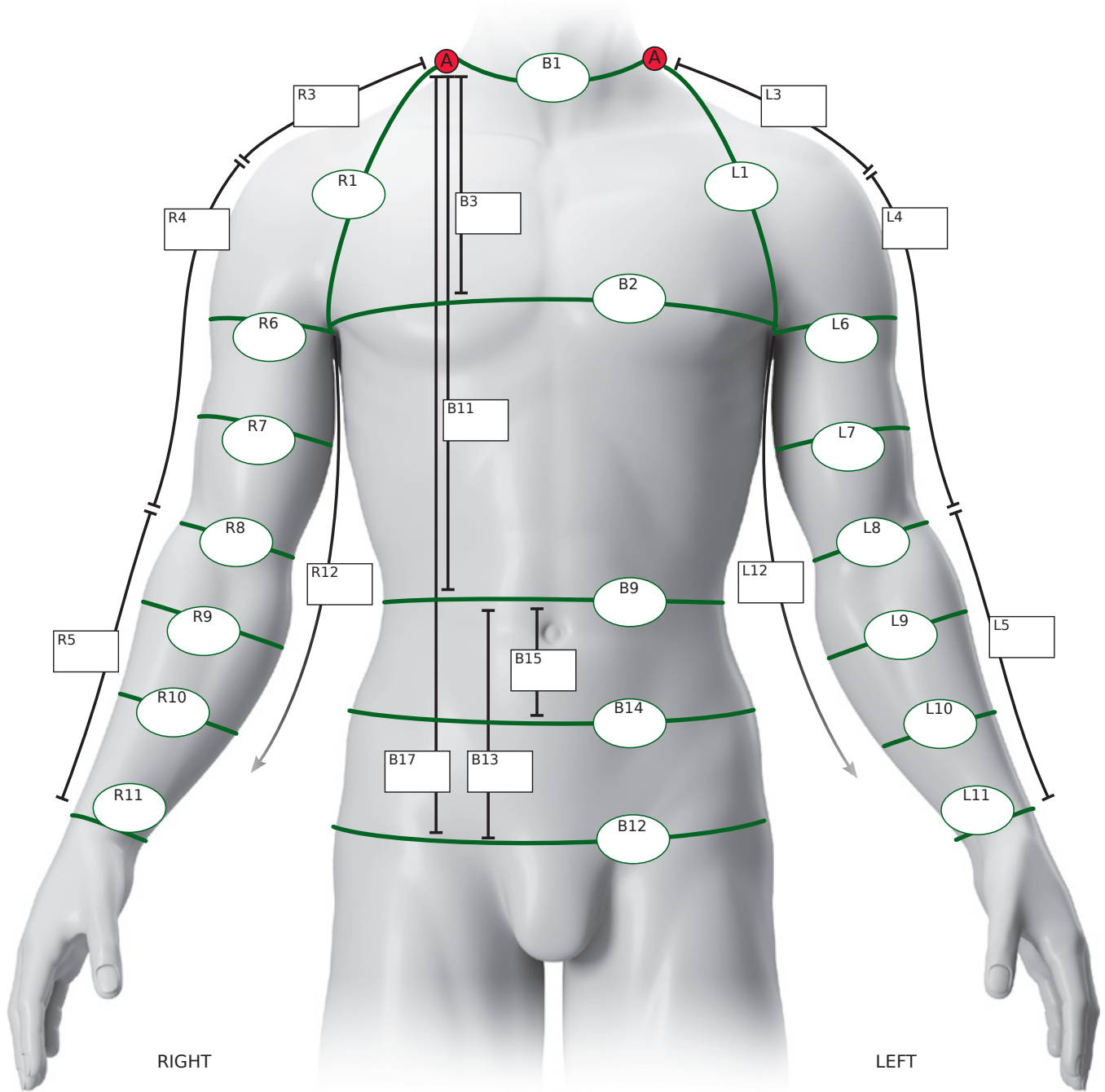
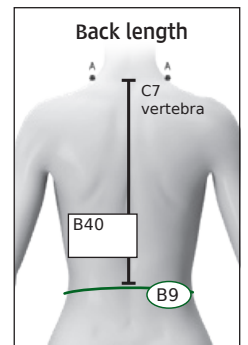


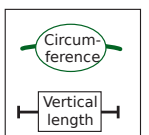
User's last names	User's first names	Date of order	Order n°
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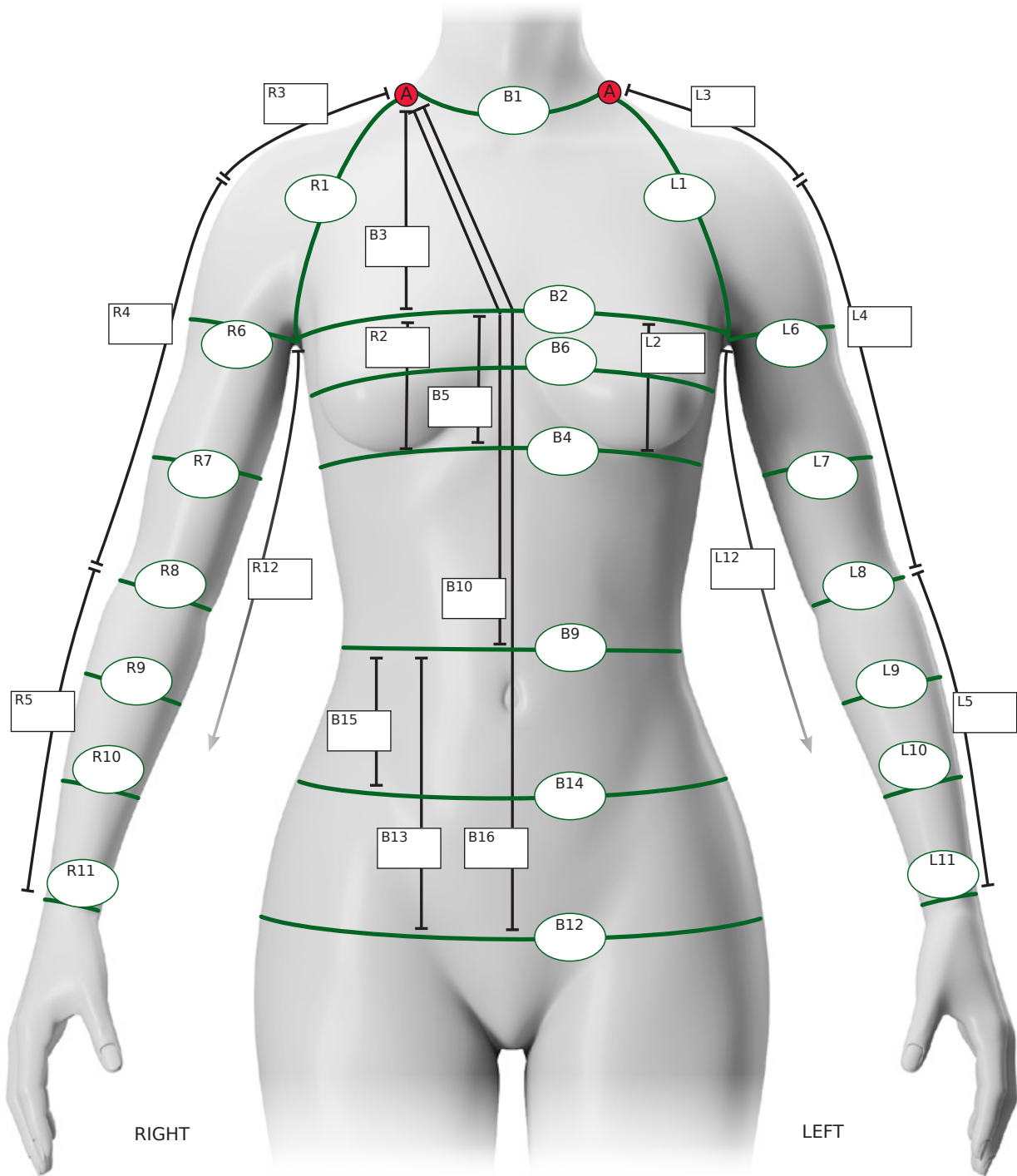
Fastener <input type="checkbox"/> None (recommended for vest) <input type="checkbox"/> Zipper (recommended for overall) <input type="checkbox"/> Front <input type="checkbox"/> Back	Fabric color <input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	Additional color <input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	Seam color <input type="checkbox"/> S1 Beige <input type="checkbox"/> S2 Black <input type="checkbox"/> S3 White <input type="checkbox"/> S4 Grey <input type="checkbox"/> S5 Blue <input type="checkbox"/> S6 Red <input type="checkbox"/> S7 Green <input type="checkbox"/> S8 Pink <input type="checkbox"/> S9 Bright Green <input type="checkbox"/> S10 Yellow <input type="checkbox"/> S11 Orange <input type="checkbox"/> S12 Bright Blue <input type="checkbox"/> S13 Purple
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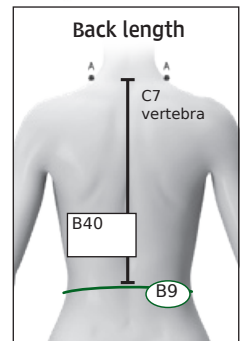
Additional information



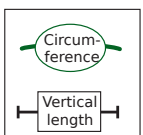
User's last names	User's first names	Date of order	Order n°
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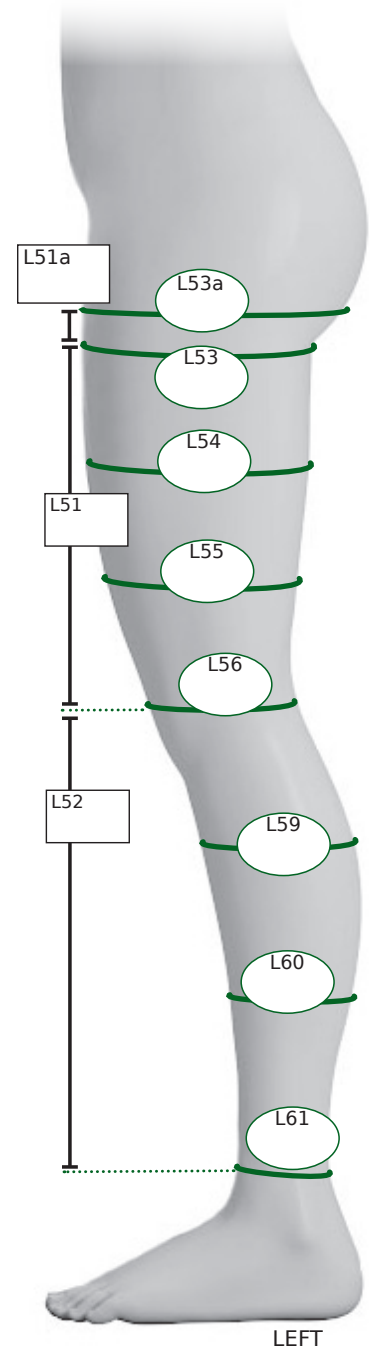
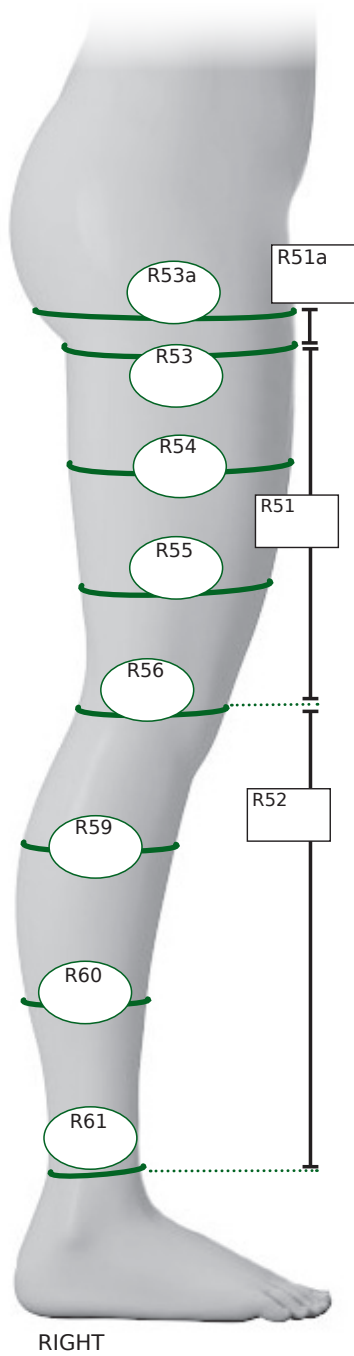
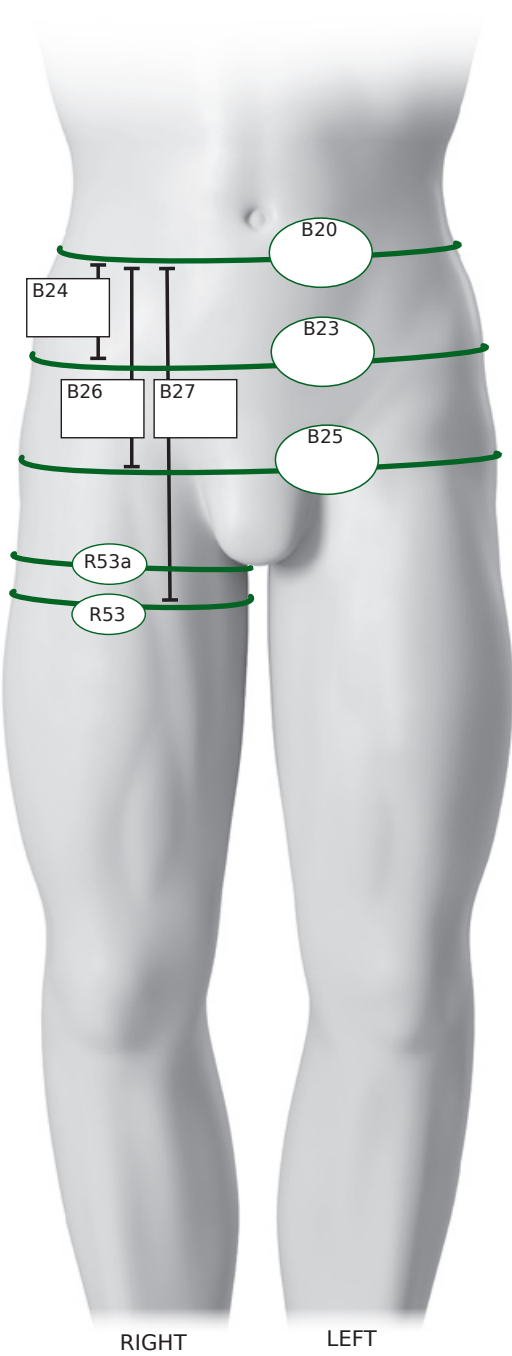
Fastener <input type="checkbox"/> None (recommended for vest) <input type="checkbox"/> Zipper (recommended for overall) <input type="checkbox"/> Front <input type="checkbox"/> Back	Fabric color <input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	Additional color <input type="checkbox"/> F1 Beige <input type="checkbox"/> F2 Black <input type="checkbox"/> F3 White <input type="checkbox"/> F4 Grey <input type="checkbox"/> F5 Blue <input type="checkbox"/> F6 Red <input type="checkbox"/> F7 Green	Seam color <input type="checkbox"/> S1 Beige <input type="checkbox"/> S2 Black <input type="checkbox"/> S3 White <input type="checkbox"/> S4 Grey <input type="checkbox"/> S5 Blue <input type="checkbox"/> S6 Red <input type="checkbox"/> S7 Green <input type="checkbox"/> S8 Pink <input type="checkbox"/> S9 Bright Green <input type="checkbox"/> S10 Yellow <input type="checkbox"/> S11 Orange <input type="checkbox"/> S12 Bright Blue <input type="checkbox"/> S13 Purple
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Additional information

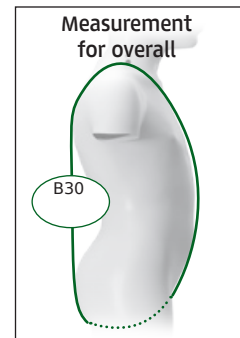


User's last names	User's first names	Date of order	Order n°
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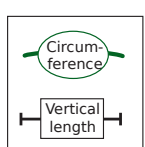


Fabric color	Additional color	Seam color		Addition* (extra charge)
<input type="checkbox"/> F1 Beige	<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> S8 Pink	<input type="checkbox"/> Hamstring reinforcement, right
<input type="checkbox"/> F2 Black	<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black	<input type="checkbox"/> S9 Bright Green	<input type="checkbox"/> Hamstring reinforcement, left
<input type="checkbox"/> F3 White	<input type="checkbox"/> F3 White	<input type="checkbox"/> S3 White	<input type="checkbox"/> S10 Yellow	<input type="checkbox"/> Thigh reinforcement, right
<input type="checkbox"/> F4 Grey	<input type="checkbox"/> F4 Grey	<input type="checkbox"/> S4 Grey	<input type="checkbox"/> S11 Orange	<input type="checkbox"/> Thigh reinforcement, left
<input type="checkbox"/> F5 Blue	<input type="checkbox"/> F5 Blue	<input type="checkbox"/> S5 Blue	<input type="checkbox"/> S12 Bright Blue	
<input type="checkbox"/> F6 Red	<input type="checkbox"/> F6 Red	<input type="checkbox"/> S6 Red	<input type="checkbox"/> S13 Purple	
<input type="checkbox"/> F7 Green	<input type="checkbox"/> F7 Green	<input type="checkbox"/> S7 Green		

*Choose one reinforcement per side. Reinforcements can be different on the left and right leg.



Additional information

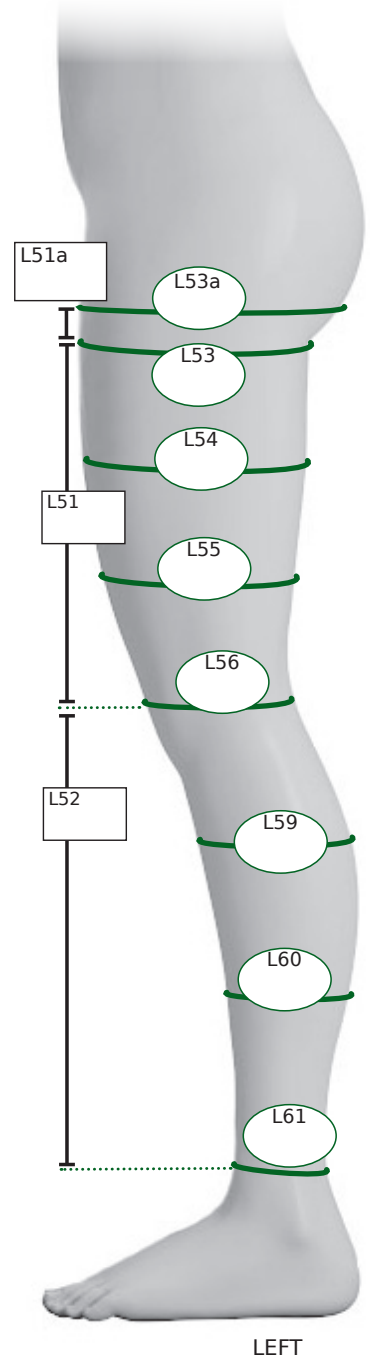
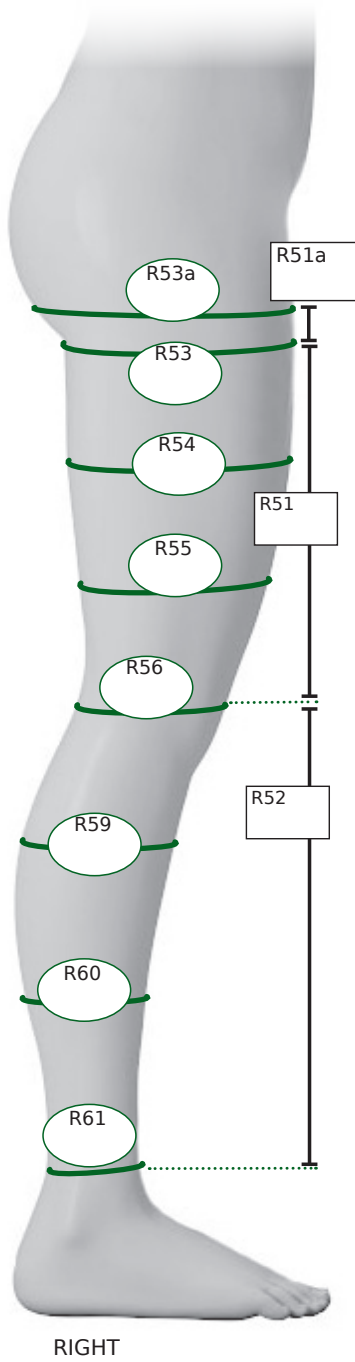
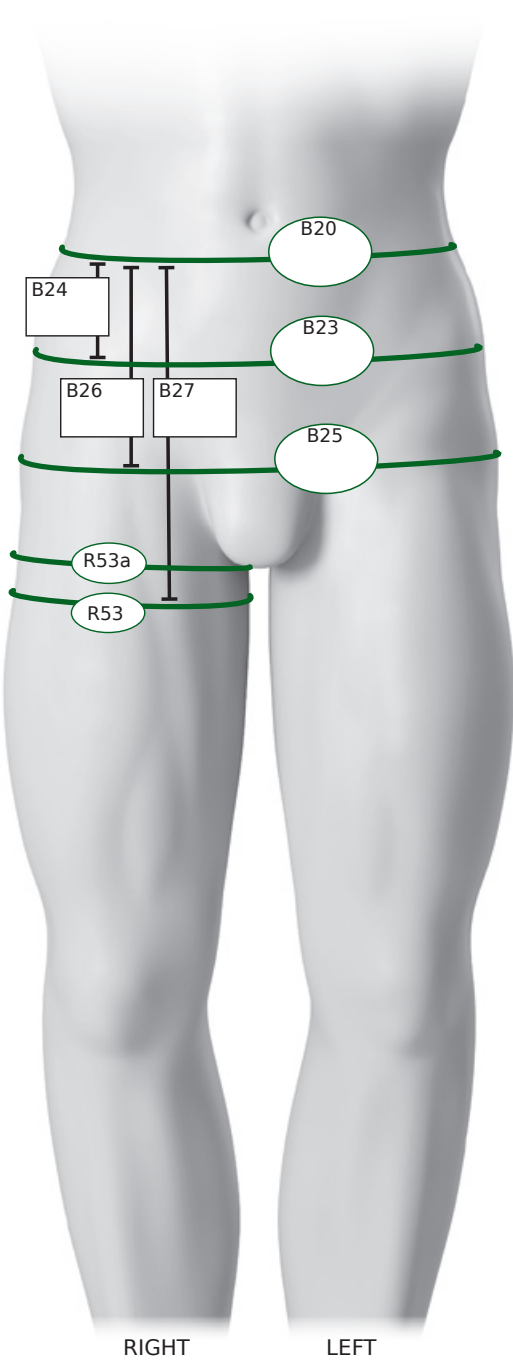


User's last names

User's first names

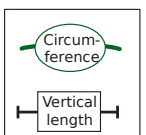
Date of order

Order n°



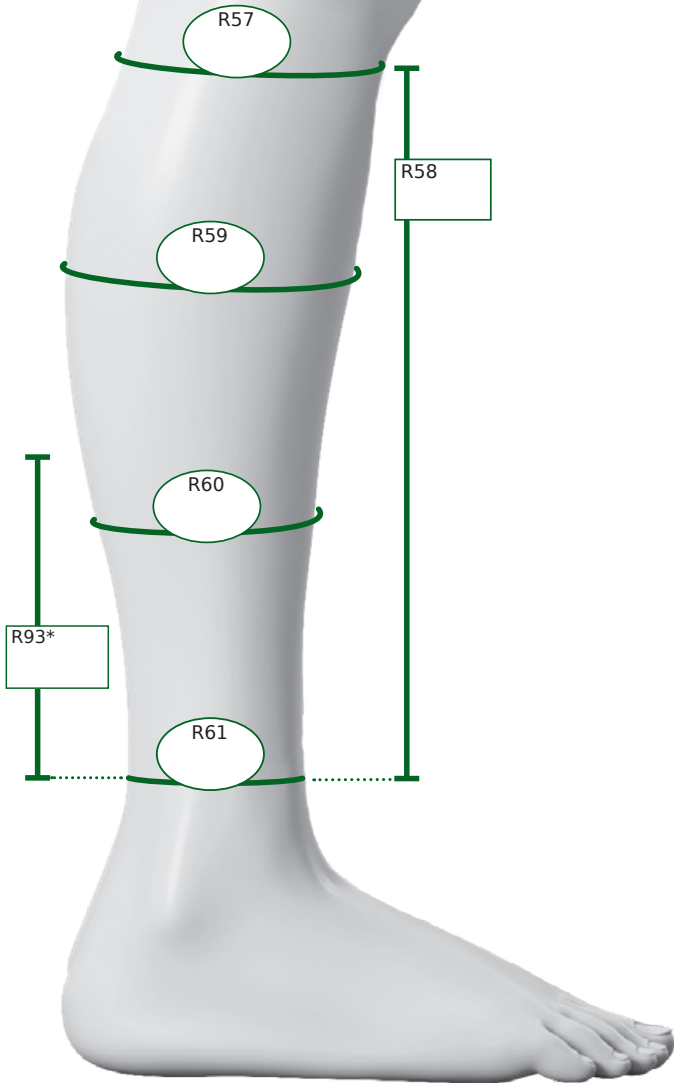
Fabric color	
<input type="checkbox"/>	F1 Beige
<input type="checkbox"/>	F2 Black
<input type="checkbox"/>	F3 White
<input type="checkbox"/>	F4 Grey
<input type="checkbox"/>	F5 Blue
<input type="checkbox"/>	F6 Red
<input type="checkbox"/>	F7 Green

Additional information

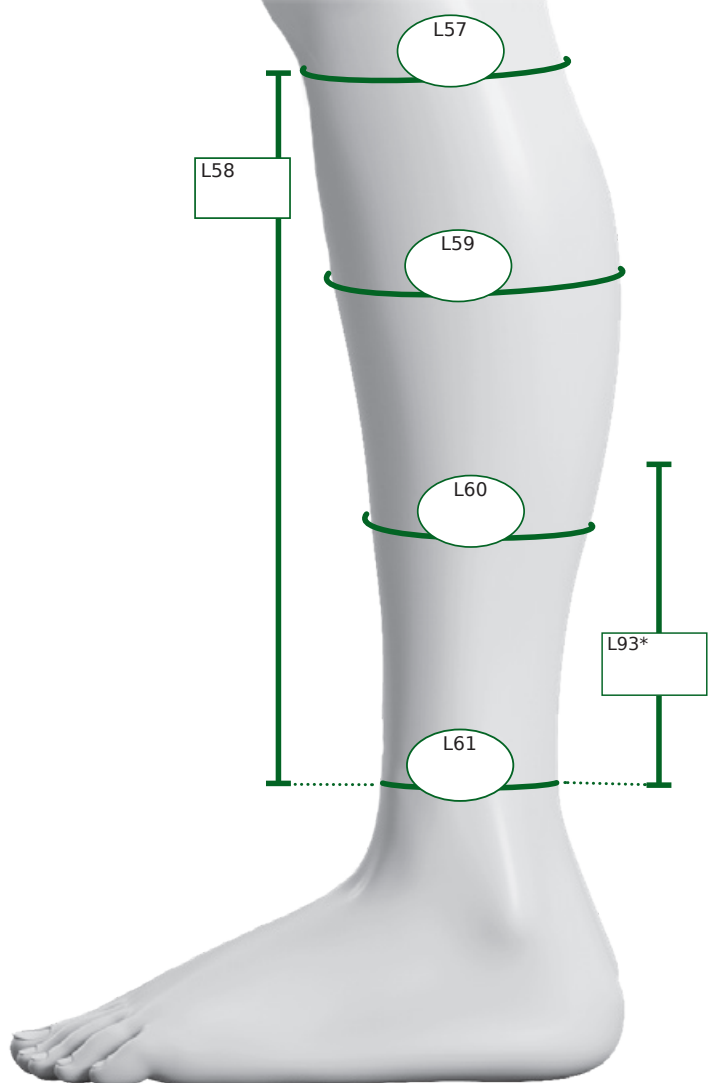


User's last names	User's first names	Date of order	Order n°
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RIGHT



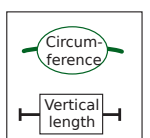
LEFT



*Measurement for achilles (calcaneal) tendon reinforcement. Vertical length from point L/R61 to the starting point of relaxed gastrocnemius.

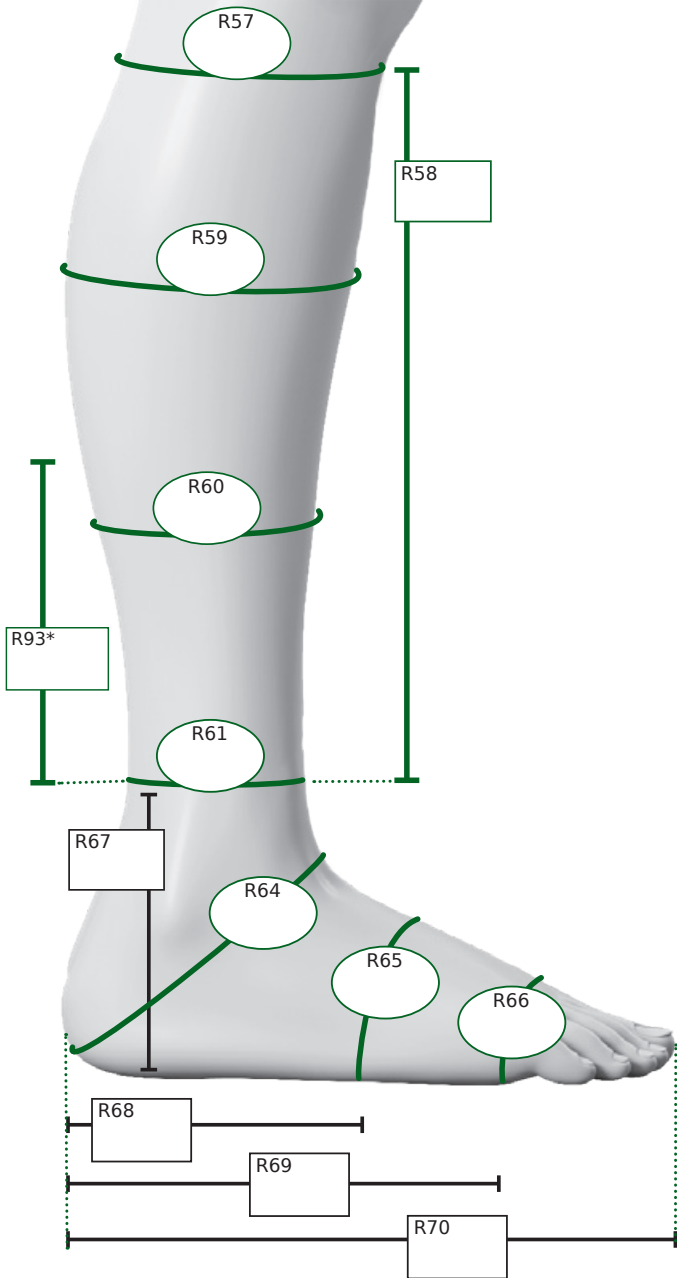
Fabric color		Seam color	
<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige	<input type="checkbox"/> S8 Pink	
<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black	<input type="checkbox"/> S9 Bright Green	
<input type="checkbox"/> F3 White	<input type="checkbox"/> S3 White	<input type="checkbox"/> S10 Yellow	
<input type="checkbox"/> F4 Grey	<input type="checkbox"/> S4 Grey	<input type="checkbox"/> S11 Orange	
<input type="checkbox"/> F5 Blue	<input type="checkbox"/> S5 Blue	<input type="checkbox"/> S12 Bright Blue	
<input type="checkbox"/> F6 Red	<input type="checkbox"/> S6 Red	<input type="checkbox"/> S13 Purple	
<input type="checkbox"/> F7 Green	<input type="checkbox"/> S7 Green		

Additional information

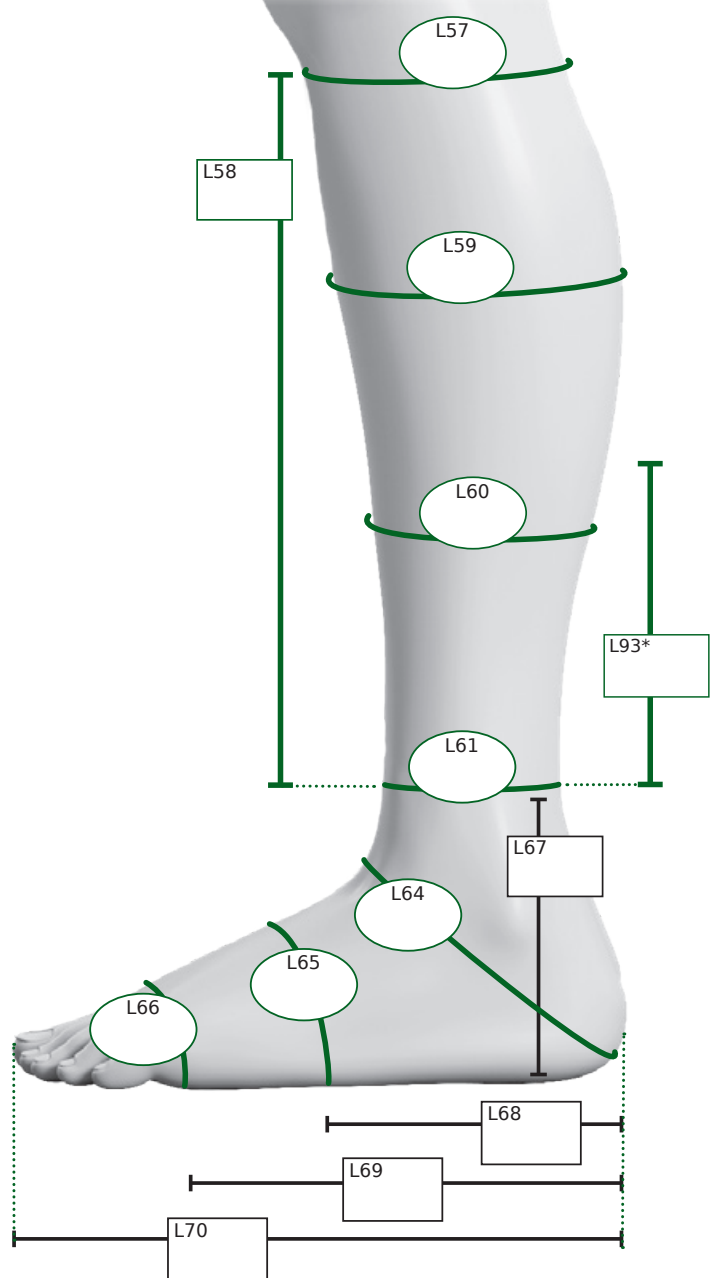


User's last names	User's first names	Date of order	Order n°
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RIGHT



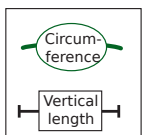
LEFT



*Measurement for achilles (calcaneal) tendon reinforcement. Vertical length from point L/R61 to the starting point of relaxed gastrocnemius.

Fabric color	Seam color
<input type="checkbox"/> F1 Beige	<input type="checkbox"/> S1 Beige
<input type="checkbox"/> F2 Black	<input type="checkbox"/> S2 Black
<input type="checkbox"/> F3 White	<input type="checkbox"/> S3 White
<input type="checkbox"/> F4 Grey	<input type="checkbox"/> S4 Grey
<input type="checkbox"/> F5 Blue	<input type="checkbox"/> S5 Blue
<input type="checkbox"/> F6 Red	<input type="checkbox"/> S6 Red
<input type="checkbox"/> F7 Green	<input type="checkbox"/> S7 Green
	<input type="checkbox"/> S8 Pink
	<input type="checkbox"/> S9 Bright Green
	<input type="checkbox"/> S10 Yellow
	<input type="checkbox"/> S11 Orange
	<input type="checkbox"/> S12 Bright Blue
	<input type="checkbox"/> S13 Purple

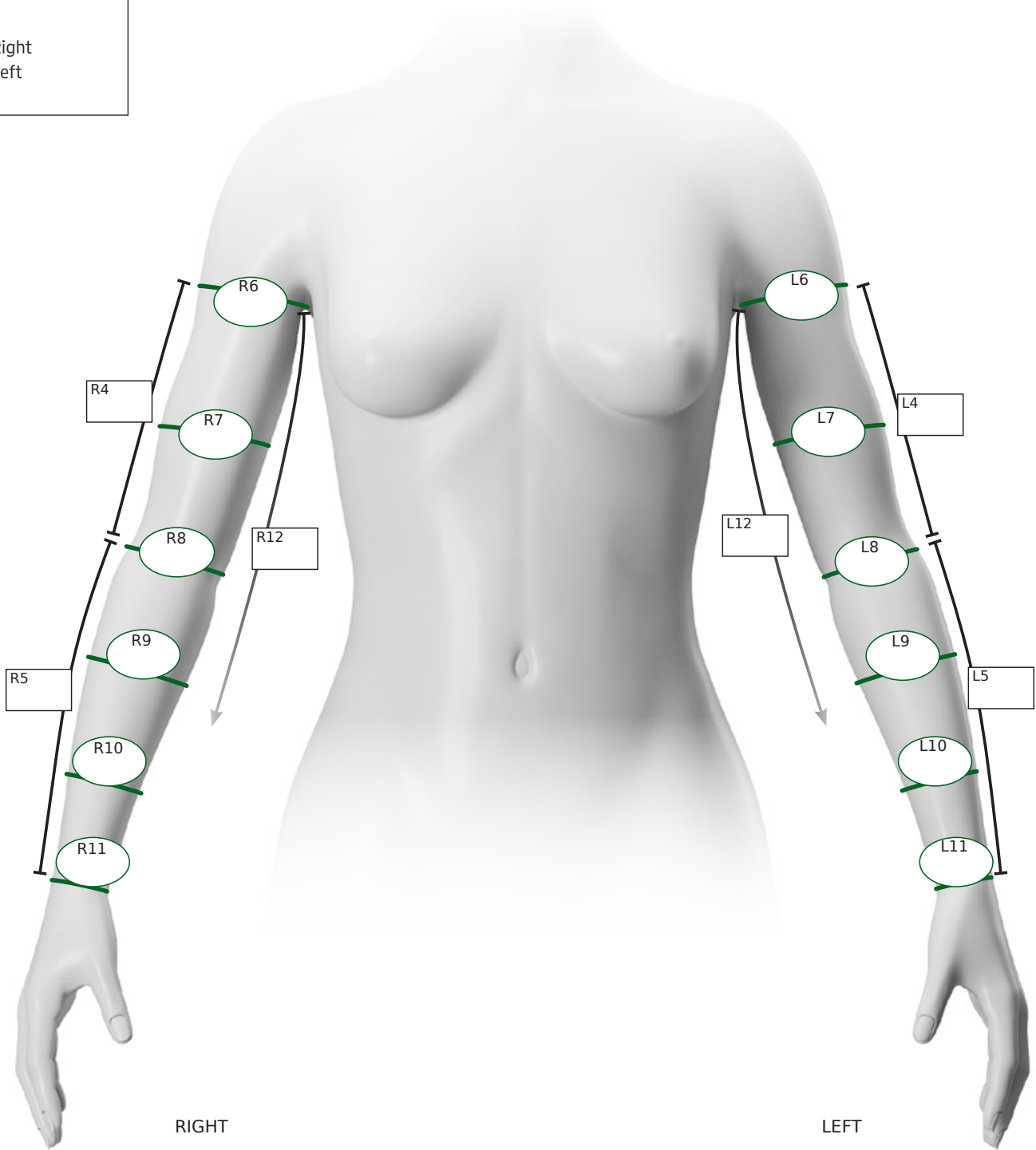
Additional information



User's last names	User's first names	Date of order	Order n°
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SIDE

	Right
	Left



Fabric color	Seam color																												
<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F1 Beige</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F2 Black</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F3 White</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F4 Grey</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F5 Blue</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F6 Red</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>F7 Green</td></tr> </table>		F1 Beige		F2 Black		F3 White		F4 Grey		F5 Blue		F6 Red		F7 Green	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S1 Beige</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S2 Black</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S3 White</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S4 Grey</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S5 Blue</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S6 Red</td></tr> <tr><td style="width:20px; border: 1px solid black; text-align: center;"> </td><td>S7 Green</td></tr> </table>		S1 Beige		S2 Black		S3 White		S4 Grey		S5 Blue		S6 Red		S7 Green
	F1 Beige																												
	F2 Black																												
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	F6 Red																												
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	S2 Black																												
	S3 White																												
	S4 Grey																												
	S5 Blue																												
	S6 Red																												
	S7 Green																												

Additional information

