DaleBoot

CUSTOM MADE SKI BOOTS

Personal Fit Form

LAST NAME _____ FIRST NAME _____

STREET _____ OCCUPATION _____

ZIP CODE _____ CITY _____

STATE and/or COUNTRY _____

TEL _____ FAX _____

eMAIL _____ SHOE SIZE _____

Boot Tech Use Only

Purchase Date _____

Pick Up Date _____

Amount Paid _____

Invoice Number _____

Salesperson _____

Boot Tech Use Only

Arch Height ☐ Normal ☐ High Arch ☐ Flat Arch

Heel Stance ☐ Normal ☐ Pronation ☐ Supination

Ankle ☐ Normal ☐ Large Medial ☐ Large Lateral

Ankle Dorsiflexion ☐ Tight ☐ Flexible Degree L: ____ R: ____

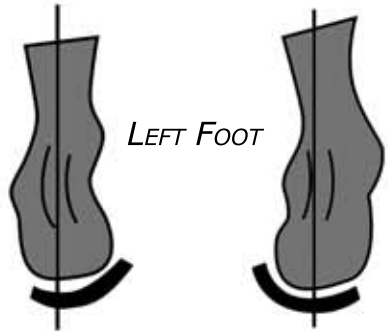
Exostosis ☐ Instep Bump ☐ Hallux Valgus ☐ Tailor's Bunion ☐ Pump Bump ☐ Bunion ☐ Morton's Foot ☐ Other: _____

Difference in Leg Length Left: _____ Right: _____

Footbed ☐ Yes ☐ No ☐ OK ☐ Rebuild _____ Type

Flat Arch

High Arch



Left Foot

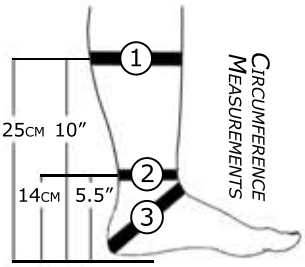
Supination Inversion

Pronation Eversion

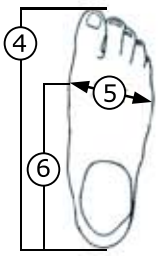
Model Selection:_____ Size:_____ Liner Size:_____ Liner Type:_____

Observations:

	LEFT FOOT	RIGHT FOOT	BOOT OPTIONS
1.	Calf _____ inch/cm	Calf _____ inch/cm	_____ 1. _____
2.	Ankle _____ inch/cm	Ankle _____ inch/cm	_____ 2. _____
3.	Foot Volume _____ inch/cm	Foot Volume _____ inch/cm	_____ 3. _____
4.	Size _____ ☐ Brannock ☐ Mondo	Size _____ ☐ Brannock ☐ Mondo	_____ 4. _____
5.	Width _____ inch/cm	Width _____ inch/cm	_____ 5. _____
6.	Arch Length _____ ☐ Brannock ☐ inch/cm	Arch Length _____ ☐ Brannock ☐ inch/cm	



Circumference Measurements



Point to Point Measurements

Name of Partner: _____

Mod's Needed by: _____

Method of Payment: _____

DaleBoot GmbH
Untere Gänsbachgasse 14
6370 Kitzbühel - Austria

www.daleboot.com
Tel: +43 5356 62 417
Fax: +43 5356 62 532