



Purchaser/Delivery Information

First Name _____ Last Name _____ Date _____
Street Address _____ Daytime Phone _____ Evening Phone _____
City _____ State _____ Zip _____ E-Mail Address _____

Custom Cover Specifications

Spa Make & Model (if known) _____

Corner Radius _____

Please select the shape of your spa:

- Note with a dotted line (- - -) where you want the cover to fold.
- Please measure and write your measurements accurately!
- Each cover is custom made therefore, we will not be able to accept returns.

Spa Dimensions _____

Lip Height (skirt/flap length) _____

Please select a cover type:

Economy (3"-2" foam)

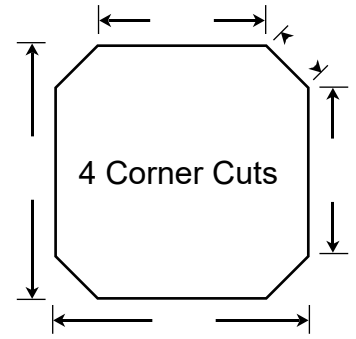
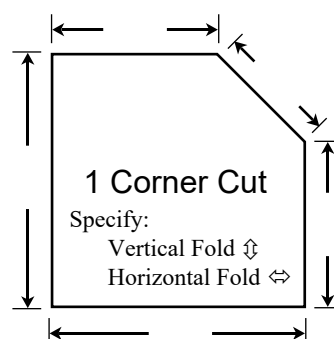
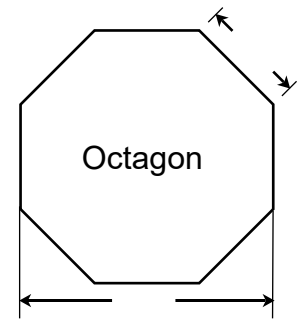
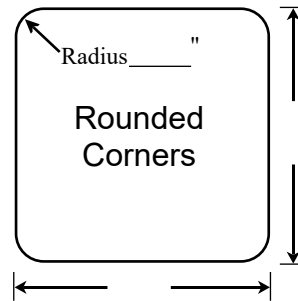
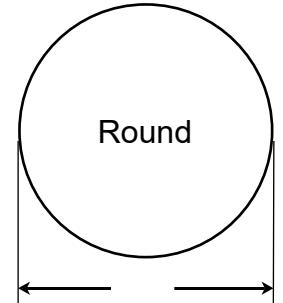
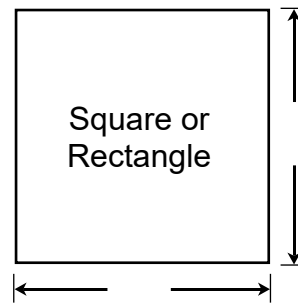
Deluxe (4"-2" foam)

Standard (4"-2" foam)

Ultra (3"-2" foam*)

Please select a color for your new spa cover:

(Actual colors may vary from samples shown)



OPTIONS:

* Upgrade Ultra Cover to 4"- 3" Tapered Foam

Cut-out

Lip Height > 3"-8" >8"-12"

Other: _____

Other: _____

Other: _____

Signature _____

Date _____