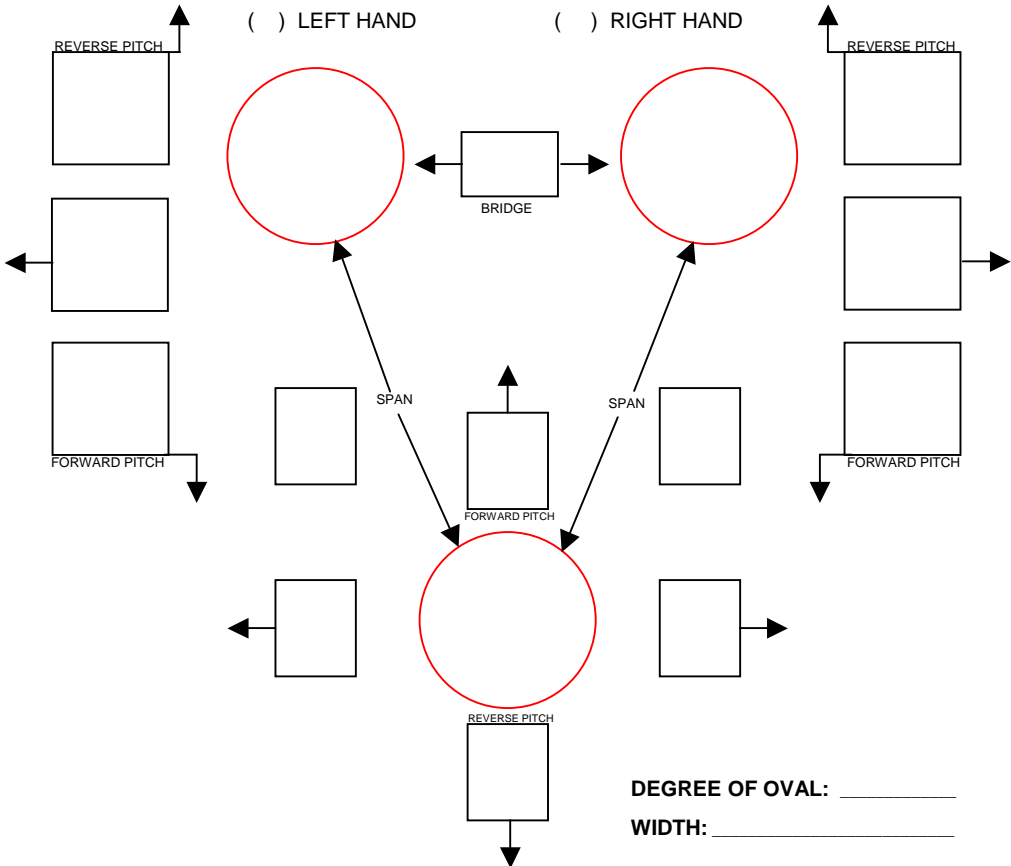


Name: _____ Date: _____
 Address: _____
 City _____ State: _____ Zip: _____
 Phone (H): _____ Phone (W): _____



GRIP: <input type="checkbox"/> Finger Tip <input type="checkbox"/> Conventional P.A.P. _____ _____	BALL: _____	WGT: _____	SN: _____
	INSERT	STYLE	SIZE
	Thumb	_____	_____
	Middle Finger	_____	_____
	Ring Finger	_____	_____

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