

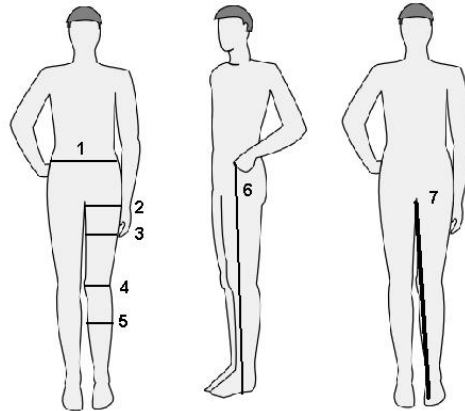
Carmel Designs

CUSTOM CHAP MEASUREMENT FORM

Name: _____ Age: _____
 Address: _____ Phone: _____
 Approximate Height: _____ Date Measured: _____

*****Have measurements taken while wearing pants that will be worn under the chaps*****

FAX TO: 866-876-8711 **MAIL TO:** 84662 570th Ave, Winside, NE 68790 **EMAIL TO:** horsey.style@yahoo.com



- 1- Waist where the top of your chaps will sit _____
- 2- Upper Thigh _____
- 2a- Waist to Upper Thigh- 1-2 _____
- 3- Mid Thigh _____
- 3a- Upper thigh to Mid Thigh-2-3 _____
- 4- Knee _____
- 4a- Mid thigh to Knee-3-4 _____
- 5- Calf _____
- 5a-Knee to Calf-4-5 _____
- 5b-Calf to floor-5 to floor _____
- 6- Outseam-from where waist was measured to floor with boots on _____
- 7- Inseam-from crotch to floor with boots on _____

Other Notes and/or concerns:

Garments will be made to the specifications on this form. Carmel Designs cannot be responsible for the accuracy of measurements taken by persons other than employees of Carmel Designs. Carmel Designs cannot be responsible for weight gain, weigh loss, or growth. If there is a question about any measurements or an expected change in measurements before the finished garment is delivered/worn please notify us immediately.