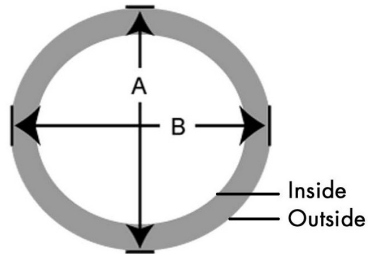


# Measurements



## MEASUREMENTS THAT ARE REQUIRED:

|                     |                                  |
|---------------------|----------------------------------|
| Length (mm)*        | <input type="text" value="(A)"/> |
| Width (mm)*         | <input type="text" value="(B)"/> |
| Height of Lip (mm)* | <input type="text"/>             |

Comments:

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Make & Model of Spa if known

## COLOUR

|                                     |                                |                               |                                   |
|-------------------------------------|--------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Green      | <input type="checkbox"/> Grey  | <input type="checkbox"/> Blue | <input type="checkbox"/> Burgandy |
| <input type="checkbox"/> Slate Grey | <input type="checkbox"/> Beige | <input type="checkbox"/> Tan  |                                   |

## CONTACT DETAILS:

|                |                      |
|----------------|----------------------|
| Name*          | <input type="text"/> |
| Address*       | <input type="text"/> |
| Phone Number*  | <input type="text"/> |
| Date           | <input type="text"/> |
| Email address* | <input type="text"/> |

\* Required fields before sending this form.

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