






ORDER FORM

Date: _____

Please Cross Boxes

Harness Type	<input type="checkbox"/> Matrix Race 	<input type="checkbox"/> Matrix 	<input type="checkbox"/> Matrix X-Country 
Dealers Name	_____		
Customer Details	Name: _____	Phone: _____	
	Address: _____	Fax: _____	
	Country: _____		

DO NOT MEASURE WITH FLIGHT SUIT!

Measurements should be taken wearing just jeans and a T-shirt as we allow 10cm for flight suits, if additional room is needed please note below.

Harness details	Overall height w/flying shoes: _____	Shoulder height w/flying shoes: _____
	Chest Size: _____	Waist: _____
	Hips, widest point: _____	Thigh: _____
	Length of shoe: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Additional information: _____	Weight (kg): _____

Matrix Race and Matrix colour choices	<input type="checkbox"/> Matrix Race and Matrix Colour 1 = Main Body Colour 2 = Front Stripe Colour 3 = Rear Stripe
	<input type="checkbox"/> Matrix XC (1 Colour Option) Colour 1 = Main Body
	<input type="checkbox"/> Matrix XC (2 Colour Option with Piping) Colour 1 = Main Body Colour 2 = Top Panel Colour 3 = Trim (Piping)

Cordura

Please Cross predominant colour

<input checked="" type="checkbox"/> Colour 1	<input checked="" type="checkbox"/> Colour 2	<input checked="" type="checkbox"/> Colour 3
Black	Black	Black
Dark blue	Dark blue	Dark blue
Red	Red	Red
Silver	Silver	Silver
Charcoal	Turquoise	Turquoise
	Yellow	Yellow
	Gold	Gold
	Orange	Orange



Matrix Race and Matrix pocket choices <input checked="" type="checkbox"/> Please Cross required options	<input checked="" type="checkbox"/> SIDE CURVED-POCKET (Standard)	<input type="checkbox"/> SIDE FRONT POCKET
	<input checked="" type="checkbox"/> BUTTON HOLE AERO TOW LOOPS (Standard)	<input type="checkbox"/> SIDE REAR POCKET (3 PARTITIONS)
	<input type="checkbox"/> ZIPPERED AERO TOP LOOP - LEFT	<input type="checkbox"/> DROGUE CHUTE POCKET
	<input type="checkbox"/> ZIPPERED AERO TOP LOOP - RIGHT	<input type="checkbox"/> DROGUE CHUTE POCKET WITH PULLOUT DEPLOYMENT FLAP

Parachute container location: LEFT RIGHT

Parachute details:

Model: _____ Size: _____

OR

Dimensions: (H): _____ (W): _____ (D): _____

OR

PLEASE FIT A PARACHUTE

Leg Loops Step Thru Leg Loops MOYES Reach Around (Single STUBAI Click Buckle Leg Loops)

Direct Riser Riser direct to dingle dangle (Matrix Race Only) What length? _____

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