

Sail measurement form

Furling mainsail

Order n°: _____ Date: _____

Cut : Cross Cut (Dacron) Option vertical battens
 Radial Cut

Type of boat: _____ *compulsory* Marina: _____ Dock: _____

Last name: _____ First Name : _____ Phone: _____

Brand of furler: _____

Sailing programm: Inshore cruising Cruising/racing Racing Offshore cruising

Mast furler

Fill in the form in correspondence with your equipment

① _____ cm

② _____ cm

③ (*) _____ mm

④ _____ mm

⑤ _____ cm

⑥ A B

⑦ _____ cm _____ cm

⑧ _____ cm

Choice uv-protection clew

Furling Sunbrella

Cloth Choice

