

Client Name:				Ph # ()			
Street Address:				Cell #()			
City/State/2	Zip						
	ress:						
Method of Payment: PayPal: add 4% Personal Check Check # MO/ Cashier Check Check #				Amount:			
Bow Mea	asurements & Inf	ormation:	(Please trace han	dprint on reverse s	side of this form.)		
Bow					String		
Orientation	Style	Length	Draw Weight	Draw Length	Finger placement		
 Right Handed Left Handed 	 Triple Elite Carbon Elite Chimera Glass 	 54 56 58 60 62 64 	Pounds	Inches	 Split Finger Three Under 		
Wood	Preferences: Pleas	se visit <u>http://wv</u>	vw.centaurarchery.com/	bow-woods.htm for pics	s of wood options.		
Limb Wood: Tips/Accents:							
Riser Wood: Riser Accents:							
Name Your Bow: Special Notes:							
Extra Stringqty. Extra Silencerspair(s) Choose any of the features below for an additional cost per feature.							
🗆 XTL Lan	nination 🗌 Pierce	Points	Stippling	Engraving	Thumb Rest		

Customer Agreement:

I hereby fully understand that my \$300 USD deposit is non-refundable. It will be included with this form which has my hand tracing on the backside. I will promptly be put on the list for my custom Centaur longbow when this order form, hand tracing and deposit reach the given address below.

Signature/Date :

Centaur Archery 492 Queens Way Hamilton, MT 59840

(Office Use Only) Date Received:	Approx. Finish Date:
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