Dark Arts Splicing - Cam Resling Form						
Name:				Phone #		
Address:				Ship To Address:		
				Climb On Equip	ment	
				37873 Cleveland Ave		
				Squamish BC		
				V8B 0S8		
Email:				Date Submitted:		
				Date Returned:		
Total num	ber of cams:					
Quantity	Brand and Type	Size	Open Loop, Reinforced Loop, or Double Loop	Nylon or Dyneema	First choice colour	Second choice material and color
					_	
		+				
		+				
					+	
		+				
					+	
					1	
Customer Sig	nature:					
_						
Staff Member Accepting Cams:						
Date Custom	er Contacted for Pickup:					
01 "11"						
Staff Member	r who Contacted Customer					