CUSTOM APRON WORKSHEET

Order Number: ______ Quantity: _____ Date: ___________

Company: ___________________ Phone Number: _________________
Contact Name: _______________ Email Address: _________________
Department: _________________ Completed By: _________________

APRON / VEST

Stock Number: _______________ Color Number: ______
Modification to arm opening: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____
Modification to shoulder: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____
Modification to neck opening: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____
Modification to length: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____
Modification to width: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____

SKIRT ONLY (if any)

Stock Number: _______________ Color Number: ______
Modification to skirt length: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____
Modification to skirt width: Enter PLUS or MINUS Inches: PLUS: ____ MINUS: ____

ADDITIONAL INFORMATION

Pocket: __________________________ Pocket Location: ____________________________ □ No Pocket

Thyroid Collar Tether:
NOTE: For 75070 only. Use this section if thyroid collar is NOT standard with apron. Thyroid collar sold separately.
Tether Location: __________________________
Type of Tether: □ Clip On □ Sewn On

Extra Back Strap: □ Yes (Part Number: 62001 Ordered Separately)

EMBROIDERY (Ordered Separately)

Line 1:
Embroidery to read: ____________________________________________
Location of Embroidery: _________________________________________
Thread Color: Standard: ____________ Special: ____________
Special Instructions: ___________________________________________

Line 2:
Embroidery to read: ____________________________________________
Location of Embroidery: _________________________________________
Thread Color: Standard: ____________ Special: ____________
Special Instructions: ___________________________________________

Additional Instructions: _________________________________________