

Dayo Scuba Alteration / Measurement Form

Fax: 386-506-8259 or Email: tj@dayo.com

Name: _____

City, State, ZIP: _____

Phone & Email: _____

Suit Model/Gender/Color, etc: _____

Comments/addons (ie: relief valve): _____

1. Height: _____

2. Weight: _____

3. Chest: _____

Across nipples

4. Waist: _____

At navel (NOT pants size)

5. Hips: _____

At largest point

6. Inseam: _____

Crotch to ankle bone along inside of leg (NOT pants)

7. Thighs: _____

Circumference at midpoint between knee and crotch

8. Knee: _____

9. Shoe Size: _____

Street shoes. Note width if extraordinary.

10. Neck: _____

At top of shirt collar

11. Bicep: _____

Circumference at largest point

12. Elbow Circumference: _____

13. Forearm: _____

Circumference at largest point

14. Wrist: _____

At wrist bone

15. Armpit to Wrist: _____

Under arm to wrist bone

16. Calf: _____

Circumference at largest point

17. Ankle: _____

At bone

18. Head: _____

Circumference at eyebrow