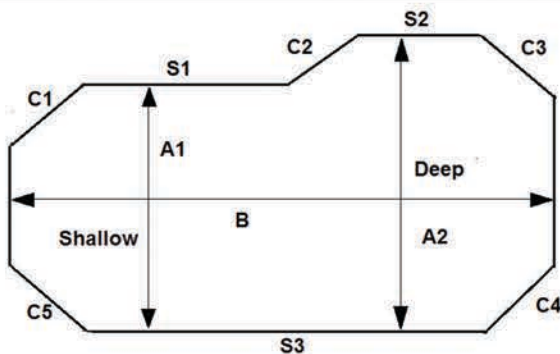


On ground measuring form Kidney pool

Name: _____
Address: _____
City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____
Phone: Home (____) _____ Work (____) _____
Fax: (____) _____ **Email** _____

Liner Description

Pattern: _____ **Gauge:** _____ **Bead Type:** _____



Please indicate your pool orientation



OR



Dimensions

Width (A1) _____ ft _____ in
Width (A2) _____ ft _____ in
Length (B) _____ ft _____ in

Side [S1] _____ ft _____ in
Side [S2] _____ ft _____ in
Side [S3] _____ ft _____ in
Corner [C1] _____ ft _____ in
Corner [C2] _____ ft _____ in
Corner [C3] _____ ft _____ in
Corner [C4] _____ ft _____ in
Corner [C5] _____ ft _____ in
End [E1] _____ ft _____ in
End [E2] _____ ft _____ in

Wall Height [J] _____ ft _____ in

Comments

P.O.# _____ **Signature** _____

Your signature indicates that you have verified your measurements and that the information you have provided is correct.