



SPA COVER MEASURING FORM

PHONE: 800-288-7946 • FAX: 800-766-5329

www.intheswim.com

6-M101

4. STRAP LOCATION

Would you like straps and fasteners? YES NO

Please indicate the location of the straps on your spa diagram on the opposite side of this form. If you drew the shape on a separate piece of paper, please indicate the location of the straps on your drawing.

Note: Straps will be positioned at the quarter measurement on the two sides parallel to the fold unless otherwise indicated or permitted.

If YES, how many straps would you prefer?

Indicate the number of straps preferred: _____ (4 is standard).

Measuring from the bottom of the cover, NOT the skirt, indicate the strap length _____ inches, (7 inches is standard).

5. SKIRT (for vinyl spa covers only)

Please provide the skirt length: _____ inches. **Note:** There is no additional charge for skirts up to 4 inches

Would you like split corners? YES (additional charge) NO

6. OBSTRUCTIONS

Please indicate any obstructions that may cause the cover not to fit properly on the acrylic or fiberglass portion of the spa. A cut-out in the foam portion of the cover may be necessary for a proper fit. Provide the actual dimensions of each obstruction and the distance of the obstruction from the closest corner of the spa. Please use a separate piece of paper if you have more than 3 obstructions.

7. SPA COVER COLORS

Vinyl Colors

- Almond
- Black
- Blue
- Burgundy
- Charcoal
- Grey
- Hunter Green
- Navy
- Tan
- Teak Brown
- Teal Green

8. SPECIAL INSTRUCTIONS

Please indicate any special instructions regarding your spa cover.

9. YOUR SIGNATURE

Your signature indicates that you have verified your measurements, and the information you have provided is correct. Your spa cover will be made to these specifications once you place your order. Once your spa cover is in production, alterations can **NOT** be made. Orders will **NOT** be processed without a signature.

Signature: _____ Date: _____



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Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: () _____ Evening Phone: () _____
 Fax: () _____ Email Address _____

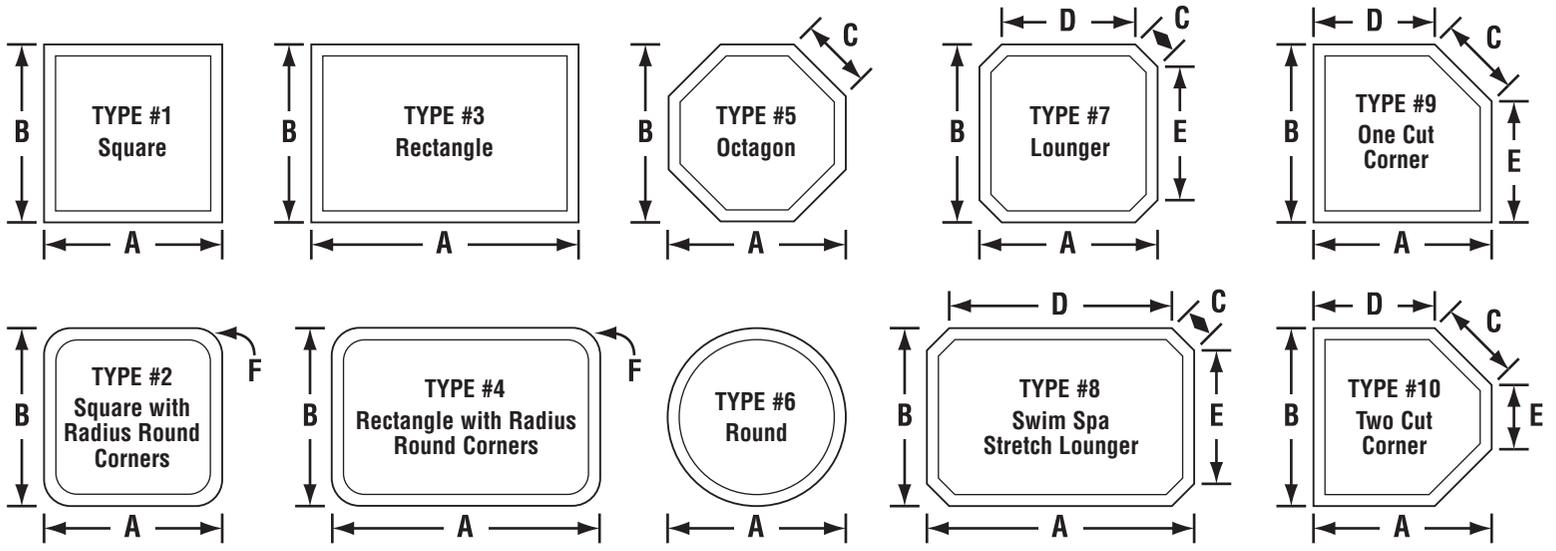
Enter Code Below

IMPORTANT! In order to better serve you, please enter the code from the blue box on the back page of your catalog to the right.

Please Provide Accurate Information on Both Sides. Custom Spa Covers are not Returnable.

1. SPA SHAPE Type Number: _____ / Name: _____

Locate the shape below that matches your spa and write the spa type and name in the space provided above. If your spa does not match one of the spaces below, please accurately draw the shape on a separate piece of paper and write **OTHER** in the space provided above.



2A. CABINET DIMENSIONS

Please provide the outside framed cabinet dimensions of your spa. Please refer to the diagram of your spa shape above.

A: _____ inches B: _____ inches C: _____ inches
 D: _____ inches E: _____ inches F: _____ inches
 (see right)

2B. ACRYLIC DIMENSIONS

Please provide the acrylic frame dimensions of your spa. Please refer to the diagram of your spa shape above.

A: _____ inches B: _____ inches C: _____ inches
 D: _____ inches E: _____ inches F: _____ inches
 (see right)

3. HINGE/FOLD LOCATION

Please indicate where you would like the cover to fold in half of your spa shape above. If you drew your spa shape on a separate piece of paper, please indicate the location of the hinge/fold on your drawing.

Radius Round Corner Measuring Instructions

- Square off one corner using 2 straight edges, (i.e. ruler).
- Measure from 90° corner back to either side of the tub where the curve begins on corner.