

Foot Length

1. Ball
2. Instep
3. Heel
4. Ankle
5. Top

Name _____

Foot Length

1. Ball
2. Instep
3. Heel
4. Ankle
5. Top

Take all tracings and measurements in a sitting position and wearing type of socks used when skating. On tracing, mark any bones, bunions, or irregularities. Photos are helpful: front, back and both side views of each foot. Photos should be taken of bare feet.

Carefully follow these instructions:

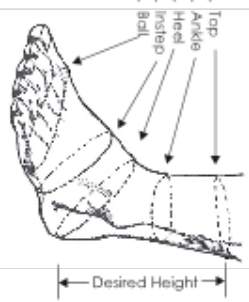
A. Trace outline of right and left foot (in sitting position). Keep pencil in upright or vertical position close to foot.



B. Before foot is raised or moved from first position, take second tracing around the toe area in standing position.



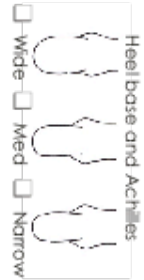
C. Keeping tape snug, measure around these 5 points:



D. Type of heel



E. Heel base and Achilles



F. Type of arch



G. Shape of foot at ball



Length of foot in inches from back of heel to longest toe - in standing position



Length of foot in inches from back of heel to longest toe - in standing position



Custom Boot Specifications

1 Current Boot Fit Problems

- 2 Ladies Men
- 3 Ice Skating Roller Skating
- 4 Freestyle Figures Dance
- 5 **Punch Out Ankle Bones** Yes No

6 **Center of Inside Right Ankle Bone**
Measure in from heel _____ Up from floor _____

7 **Center of Outside Right Ankle Bone**
Measure in from heel _____ Up from floor _____

8 **Center of Inside Left Ankle Bone**
Measure in from heel _____ Up from floor _____

9 **Center of Outside Left Ankle Bone**
Measure in from heel _____ Up from floor _____

- 10 **Boot Model**
- 975 Coach's Boot 1500 HLS 900 Elite Royal 2000 Synchro
- 375 Gold Star 355 Silver Star 297 Professional

11 **Leather Color** White Beige Black Nu-Buck Suede

12 **Firmness of Upper** Ultra Firm like the 1500 Firm like the 900 Medium like the 355 Flexible like the 297

13 **Boot Linings** Chinoak Buffed Top Grain Leather like the 1500 Flesh Full Grain Leather like the 375

Impregnated Split Leather like the 355 Cambrelle® / Thinsulate® Burgundy

14 **Padding** 3/8" Dual Density 1/2" Grey Sponge 1/2" Dual Density

15 **Tendon Pads** 1/4" Normal 1/2" for Extra Narrow Achilles

16 **Tongue Linings** 1/2 Shearling / 1/2 Sponge 1/2" Grey Sponge like the 900

1/4" Sponge like the 355 Shearling like the 297 Leather over Sponge

17 **Tongue Lace Bar** Yes No

18 **Cork Soles and Heels** Yes No

19 **Heel Lock System** Yes No

20 **Rolled Collar** Yes No

21 **Outsole Finish** No Treatment Sno-Seal® Other _____

22 **Color of Edge** Natural Black

23 **Color of Soles** Natural Black

24 **Height of Boot**
Measure at the back of boot from top of sole to top of boot. Height does not include heel.

 Inches Standard

Orthotics

If orthotics will be used in your custom boots, we must have them sent to the factory for measurements. Please send them fully insured to: Riedel Shoes, Inc., 122 Cannon River Avenue, Red Wing, MN 55066. We will return them within 48 hours, fully insured.

25 **Flex-Notch** No Yes Where _____

26 **Number of Hooks** _____

Custom Skating Boots

Riedell has been celebrating what goes into being the best for over fifty years. Like you, we understand the time spent, the dedication and the attention to detail that puts you above the rest. You'll find the best materials, the best craftsmanship and the best innovative thinking in all of our skates. You'll find the world's top athletes in Riedell boots.

Our finest craftsmen will hand sort, cut and last the boot style of your choice to your exact specifications. We make allowances for orthotics, arches, toe room, heel spurs, bunions, or other irregularities. You will be given choices of colors, leather temper, ankle/boot firmness, heel height, lining material, and much more.

We guarantee the craftsmanship, materials, and most importantly the correct fit of your Riedell custom built boots for one year. If for any reason you are not satisfied with the boots within one year of the purchase date, the boots may be returned for corrections or repair.

Custom Fit By _____ Telephone Number _____

Sold to _____
Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Ship to _____
Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Skater Information:

Date _____

Name _____
(Please PRINT name to be stamped on bottom of sole)

Fit Preference Snug Semi-snug

Telephone Number _____

Age _____ Weight _____ Height _____

Size of street shoe worn _____

Size, width and model of present skating boot _____

Skate blade length to be used _____

If order is **NOI** for custom made boots, please check box.

Please indicate what stock boot is required _____



Proudly endorsed by the Professional Skaters Association

Riedell Shoes, Inc. 122 Cannon River Avenue Red Wing, MN 55066
1-651-388-8251 www.riedellskates.com

