DynomanPerformance.com

Custom Sleeve Order Form

Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail _____

SLEEVE DESCRIPTION

Make _____

Model _____

Year _____

Quantity _____

Material

Gray Cast Iron ____ Ductile Iron ____ Alum _____

A: Flange Dia. _____

B: Flange Thickness _____

C: Sleeve O.D. _____

D: Finished Bore Dia. _____

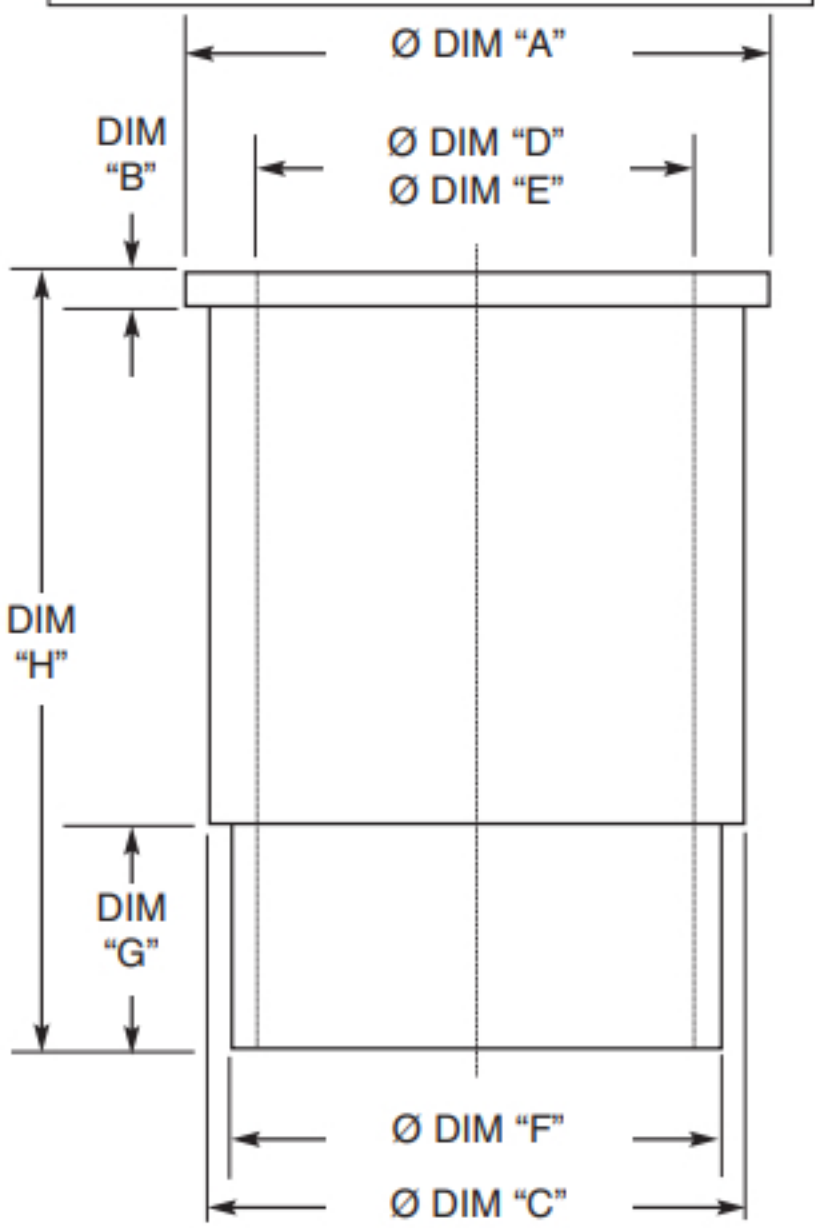
E: Rough Bore Dia. _____

F: Sleeve Relief Dia. _____

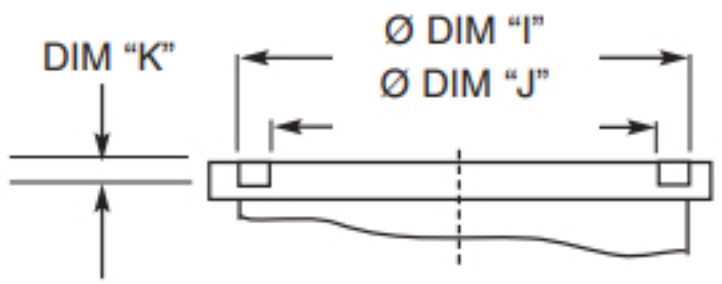
G: Sleeve Relief Height _____

H: O.A.L. _____

Office use only
PART NO. _____



O-Ring Groove if Applicable



I: O-Ring Groove O.D _____

J: O-Ring Groove I.D. _____

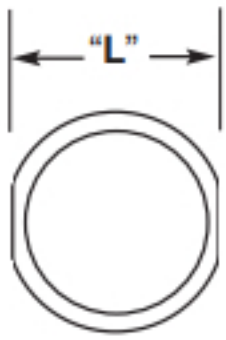
K: Groove Depth _____

Flats

L: _____

Qty. Double _____

Qty. Single _____



Important: 2-Cycle applications require a drawing, sample sleeve or cylinder for proper port specifications.