

CSM Log Sheet

Sock # _____	Date: _____	Machine: _____	<input type="checkbox"/> Ladies	<input type="checkbox"/> Men's	<input type="checkbox"/> Childs
Cuff: _____	Rib: _____	Yarn name: _____	<input type="checkbox"/> SM	<input type="checkbox"/> MED	<input type="checkbox"/> LG <input type="checkbox"/> XLG
Leg: _____	Rib: _____	Color: _____	Recipient: _____		
Foot: _____	Inches: _____	Manufacturer: _____	Price: \$ _____		
Notes: _____					

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Cuff: _____	Rib: _____	Yarn name: _____	<input type="checkbox"/> SM	<input type="checkbox"/> MED	<input type="checkbox"/> LG <input type="checkbox"/> XLG
Leg: _____	Rib: _____	Color: _____	Recipient: _____		
Foot: _____	Inches: _____	Manufacturer: _____	Price: \$ _____		
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