



MEASUREMENT SHEET

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Please fill out completely - **PRINT OR TYPE**
Please list special colors or requests on worksheet.
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***** PLEASE REFER TO INSTRUCTIONS ON MEASUREMENT GUIDE ON BACK OF THIS FORM *****

To avoid delays in processing your order, please fill out this form **COMPLETELY**.

Please Use This Form Only

Please use **BLACK** or **BLUE** Pen only

Do not use excel or other company forms

# OF COSTUMES	ACTOR'S NAME	CHARACTER	M/F	HEIGHT	WEIGHT	A CHEST BUST	B WAIST	C HIP	D OUT SEAM	E IN SEAM	F NECK	G SLEEVE	H HEAD	I SHLDR TO SHLDR	J SHLDR TO WAIST	K THIGH

NAME OF PRODUCTION _____

COSTUMES NEEDED By (date) _____

THEATRE/SCHOOL _____

PERFORMANCE DATES _____

TOTAL COSTUMES _____ @ \$ _____ = _____

THIS FORM MUST BE RETURNED WITH ORDER

FAX OR EMAIL BACK MB 6-19