THE COSTUMER®

MEASUREMENT FORM

To prevent delays in processing your rental order, please fill out this form COMPLETELY.

Measurement instructions on reverse side.
Make copies of this blank form for future use.
Please print legibly in blue or black ink.
Pencil and red ink do not fax clearly. Highlighters fax as black-outs.

SHIP TO: Address is ☐ Residential ☐ Business ☐ School

Name _____
Organization _____
Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Cell _____

BILL TO:

Name _____
Organization _____
Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Cell _____

CHARACTER	ACTOR'S NAME	M/F	SUIT/ DRESS SIZE	HEIGHT	WEIGHT	A CHEST/ BUST	B WAIST	C HIP	D OUT SEAM	E INSEAM	F NECK SIZE	G SLEEVE LENGTH	H HEAD	I SHOULDER/ SHOULDER	J NAPE/ WAIST	K NAPE/ FLOOR	NOTES *For Ex.: Male playing female role, etc.*

90 YEARS and still Number 1!

1020-1030 Barrett Street
Schenectady, NY 12305
Phone: 518-374-7442
Fax: 518-374-0087
www.TheCostumer.com

Please read and sign the enclosed Contract Agreement and fax back to 518-374-0087.

Name of Production _____ Dress Rehearsal Date _____
Ordered by (name) _____ Performance Dates _____
(title) _____ Return Shipping Date _____

IMPORTANT Please refer to instructions on "How To Take Measurements" on the back of this form.