

Ship To:	Bill To:
Name _____	Name _____
Organization _____	Organization _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone ( ) _____	Phone ( ) _____
Fax( ) _____	Fax( ) _____

Character	Actor's Name	M/F	Suit/Dress Size	Height	Weight	Shoe Size	A Chest/ Bust	B Waist	C Hip	D Out Seam	E Inseam	F Neck Size	G Sleeve Length	H Hat	I Shoulder/ Shoulder	J Nape/ Waist	K Nape/ Floor	Notes

Name of Production \_\_\_\_\_ Dress Rehearsal Date \_\_\_\_\_

Ordered by (name) \_\_\_\_\_ (title) \_\_\_\_\_ Performance Dates \_\_\_\_\_ Return Shipping Date \_\_\_\_\_