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_____

Ordered by (name) _____ **(title)** _____

Dress Rehearsal Date_____

Performance Dates_____ **Return Shipping Date** _____