Size Sheet

Directions: Please fill out one of the slips below for each costume you are ordering, even if there is more than one for the same character or actor. Use a dark pen. Count the costumes by putting a number in the blank at the top of each slip.

Fax completed order to 719-633-9016. Call or e-mail us to confirm that we received your fax at: 1-800-950-9129 or lindrama@aol.com

☆ *Do not write in this column.*

_____

_____Costume number:_____Character:_____M__F__

_____Theater Group:_____Show title:_____

_____Actor's Name_____ Height:____ft_____in

_____Chest:_____Waist:_____ Outseam(Waist to hem)_____Head_____

Costume Description:_____

_____

_____

_____Costume number:_____Character:_____M__F__

_____Theater Group:_____Show title:_____

_____Actor's Name_____ Height:____ft_____in

_____Chest:_____Waist:_____ Outseam(Waist to hem)_____Head_____

Costume Description:_____

_____

_____

_____Costume number:_____Character:_____M__F__

_____Theater Group:_____Show title:_____

_____Actor's Name_____ Height:____ft_____in

_____Chest:_____Waist:_____ Outseam(Waist to hem)_____Head_____

Costume Description:_____

_____

_____

_____Costume number:_____Character:_____M__F__

_____Theater Group:_____Show title:_____

_____Actor's Name_____ Height:____ft_____in

_____Chest:_____Waist:_____ Outseam(Waist to hem)_____Head_____

Costume Description:_____

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