

GROUPS COSTUME MEASUREMENT FORM

Name:

Tel No.....email

Character:.....

1. CHESTinches (largest part, not under bust))

2. WAISTinches

3. HIPSinches (largest part)

4. OUTSIDE LEGinches

5. INSIDE LEGinches

HEIGHTinches

DRESS SIZEor CLOTHING AGE(as appropriate)

