

MEASUREMENT FORM	
Name:	E-mail:
Date:	Show:
Phone:	Suit:
Height:	Shirt:
L/R handed:	Shoe:
Head:	Pants:
Pierced ears:	Tights:
Chest:	Across shoulder front:
Shoulder seam:	Across shoulder back:
Neck to waist front:	Neck to waist back:
Arm outside to elbow:	Wrist:
Arm outside to wrist:	Bicep:
Arm inside to elbow:	Arm inside to elbow:
Waist:	Outseam (to below knee):
High hip:	Outseam (to floor):
Low hip:	Inseam (to floor):
Neck to floor front:	Thigh:
Neck to floor back:	Below knee:
Ankle:	Calf: