D & D Creations
Measurement Form

Krewe * Name *

Title * Cell *

Costume Parents name: *

Email:_____

Neck * Collar

Shoulder * Head

Shoulder to Wrist * Height *

Bust * Weight *

Waist * Skullcap: Y/N Scheduled: Y/N Complete: Y/N

Hip * Slip:

Center Back Length *

Arm Girth * Wrist Fist * Gloves: Y/N Tights: Y/N

Waist to Floor * Shoe Size *

Shoulder to Knee *

Breastbone to Side Seam Top of Sternum to Waist

Amount owed: _____
Payment: _____/_____
Balance:_____/_____
Payment: _____/_____
Balance:_____/_____
Payment: _____/_____
Balance:_____/_____

Phone Contact Times and Dates:
_____
_____
_____
_____
_____
_____

Measurements taken by:_____
Date: _____