

# IDSB Costume Order Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Class (Name, Day, and Time): \_\_\_\_\_

## Measurements:

1. Bust: \_\_\_\_\_

2. Waist: \_\_\_\_\_

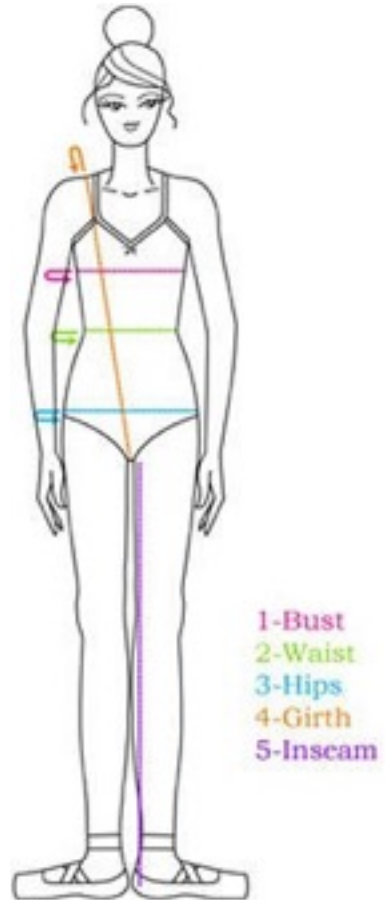
3. Hips: \_\_\_\_\_

4. Girth: \_\_\_\_\_

5. Inseams: \_\_\_\_\_

6. Height: \_\_\_\_\_

Size (refer to measurement guide in costume book): \_\_\_\_\_



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use ONLY: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Paypal \_\_\_\_\_