DC Theatricks

To prevent delays in processing your rental order, please fill out this form COMPLETELY.

MEASUREMENT FORM

Measurement instructions on reverse side.
Make copies of this blank form for future use.
Please print legibly in blue or black ink.
Pencil and red ink do not fax clearly. Highlighters fax as black-outs.

SHIP TO:

Name _____
Organization _____
Street _____
City_____ State_____ Zip_____
Phone _____ Fax _____
E-mail _____
"Ship To" address is ☐ Residential* ☐ Business ☐ School

BILL TO:

Name _____
Organization _____
Street _____
City_____ State_____ Zip_____
Phone _____
Fax _____

** Shipping times for residential addresses are not guaranteed by UPS.*

CHARACTER	ACTOR'S NAME	M/F	SUIT/ DRESS SIZE	HEIGHT	WEIGHT	A CHEST/ BUST	B WAIST	C HIP	D OUT SEAM	E INSEAM	F NECK SIZE	G SLEEVE LENGTH	H HAT	I SHOULDER/ SHOULDER	J NAPE/ WAIST	K NAPE/ FLOOR	NOTES *For Ex.: Male playing female role, etc.*

DC Theatricks

747 Main Street
Buffalo, NY 14203
Phone: 716-847-0180
Fax: 716-847-0186
www.costume.com

Name of Production _____ Dress Rehearsal Date _____

Ordered by (name) _____ Performance Dates _____

(title) _____ Return Shipping Date _____