

COSTUME ORDER FORM

STUDENT'S NAME: _____ PHONE NUMBER: _____

(Complete a separate sheet for EACH child.)

	Day & Time of Class	Type of Class (Ballet, Jazz, Lyrical etc.) & Teacher	Bust	Waist	Hips	Girth	Company Number	Letter & Number Size	Price Of Costume	Receipt # / Initial
1.										/
2.										/
3.										/
4.										/
5.										/
6.										/
7.										/

PLEASE NOTE: COTUME ORDERING IS BASED ON THE INFORMATION PROVIDED. WE DO NOT REFUND OR EXCHANGE ON ANY COSTUMES ORDERS PLACED. LATE FEES & SHIPPING & HANDLING FEES WILL BE APPLIED IF COSTUMES ARE PLACED AFTER OUR DEADLINE.

Signature: _____ Date: _____