

# COSTUME ORDER FORM

STUDENT'S NAME: \_\_\_\_\_

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: COSTUME 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: \_\_\_\_\_