



# MEASUREMENT FORM

GROOM / BRIDE NAME

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WEAR DATE:

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NAME:

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CELL NUMBER:

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EMAIL:

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SPECIAL INSTRUCTIONS:

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SUBMIT FORM ON OUR WEBSITE OR VIA EMAIL:

TORONTOSTTUXEDOS@GMAIL.COM

COAT SIZE \_\_\_\_\_

CHEST \_\_\_\_\_

OVERARM \_\_\_\_\_

WAIST \_\_\_\_\_

HIP \_\_\_\_\_

OUTSEAM \_\_\_\_\_

NECK \_\_\_\_\_

SLEEVE \_\_\_\_\_

HEIGHT \_\_\_\_\_

SHOE SIZE \_\_\_\_\_ WIDTH \_\_\_\_\_

FIT PREFERENCE: ☐ TIGHT ☐ REGULAR ☐ LOOSE

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