**Sign and date the measurement form after you pay for the measurement fee.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_waist**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hips**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bust/Chest**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Girth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Glove size**

**Parents Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_          Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

