

COSTUME ORDER FORM

PHONE NUMBER: _____

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	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
							TOTAL			

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

Signature: _____

Date: _____