Custom Order Inquiry Form Thank you for your interest in commissioning a custom costume! Please fill out the following details to help us better understand your vision: **Personal Information:** • Full Name: _____ • Email Address: _____ Phone Number: • Preferred Contact Method: (Email / Phone) **Project Details:** • Type of Costume Needed: (Cosplay, Drag, Theater, etc.) • Brief Description of Your Vision: Deadline: ______ • Special Requirements: (Accessibility needs, specific colors/fabrics, etc.) Additional Information: • Sizing and Measurements: • **References:** (Attach any reference images or sketches if available) **Terms and Conditions:** • A non-refundable 10% deposit is required to begin work on your custom order. • Final payment is due upon completion before delivery or pickup.

• Changes requested after production begins may incur additional fees.

• We reserve the right to decline projects that do not align with our expertise or availability.

Date: