CUSTOMER MEASUREMENT FORM

ASSISTING ASSOCIATE INITIALS _____ TODAY'S DATE_____

EVENT DATE_____

PARTY NAME (BRIDE'S LAST NAME/ GROOM'S LAST NAME)_____

ROLE (GROOM / GROOMSMAN/ FATHER OF THE BRIDE/GROOM/ETC.)_____

CUSTOMER NAME _____

CONTACT (PHONE/EMAIL)_____

HEIGHT		ORDER:
SHOE		
COAT		
PANT		
CHEST		
OVERARM		
WAIST		
OUT-SEAM		ADDITIONAL NOTES:
NECK		
SLEEVE		