DATE ORDERED	/ /	DATE REQUIRED:	/ /	*Admin use – date confirmed:*
CUSTOMER NAME				
STUDIO NAME				
DELIVERY ADDRESS				
SUBURB				
POSTCODE				
PHONE NUMBER				
EMAIL ADDRESS				

COSTUME NAME	COLOUR		SIZES									MEASUREMENTS			
	Main	2nd	CHILDREN					ADULTS					IN CMs			
			6	8	10	12		XS	S	M	L	XL	Chest	Waist	Hips	Girth

Costume Glitz Order
Page 2

Customer Name															
COSTUME NAME	**COLOUR**		**SIZES**									**MEASUREMENTS**			
	Main	2nd	**CHILDREN**				**ADULTS**					**IN CMs**			
			6	**8**	**10**	**12**	**XS**	**S**	**M**	**L**	**XL**	**Chest**	**Waist**	**Hips**	**Girth**