



COSTUME WORKSHOP

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Name of Company:	Name:	
Production:	Character:	
Production Date:	Age Group:	Male/ Female:
Number of Costumes Required:	Colouring:	

Height:	Nape of Neck to Waist:
Dress/ Suit Size:	Waist to Ground:
Chest/ Bust:	Waist to Knee:
Waist:	Across Back:
Hip:	Around Head:
Inside Leg:	Hat Size:
Round Rib Cage:	Neck/ Collar:
Under Arm to Wrist:	Shoe Size if Required:

Please list requirements for each Act on reverse of form.

Comments: Note significant differences between sides of body, unusual posture, fabric allergies, etc.

Any outsize measurements should be advised well in advance, as it may not be possible to supply a costume to oversize measurements.

Please complete labels below for number of costumes required.

COSTUME WORKSHOP	COSTUME WORKSHOP	COSTUME WORKSHOP
Production:	Production:	Production:
Character:	Character:	Character:
Act & Scene:	Act & Scene:	Act & Scene:
Name:	Name:	Name:
COSTUME WORKSHOP	COSTUME WORKSHOP	COSTUME WORKSHOP
Production:	Production:	Production:
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