

**FEMALE**
**KANSAS CITY  
COSTUME COMPANY, INC.**

 2020 GRAND BLVD., KANSAS CITY, MO 64108  
 816-221-8600 FAX 816-221-6699
**FEMALE**

SCHOOL: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_

CHARACTER	ACTOR'S NAME	HEIGHT	WEIGHT	BUST	RIB-CAGE	WAIST	HIPS	SHOULDER TO WAIST	WAIST TO DESIRED LENGTH	SHOULDER TO DESIRED LENGTH	REMARKS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

Please measure accurately. Refer to "Measurement Instructions" sheet for assistance. When possible, submit measurements at least ten days prior to desired pick-up or shipping date.