



Order Form

159 North Country Rd
Mount Sinai, NY 11766
(631) 642-1059

Date: _____

Dancer's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Solo _____

Uniform _____

Dance School: _____

Email: _____

Age: _____

Time Frame: _____

Measurements:

Front

darts: Y___ N___

cup size: _____

bust: _____

neck to waist: _____

center shoulder to waist: _____

neck to dropped waist: _____

center shoulder to dropped waist: _____

bust to bust: _____

shoulder to shoulder: _____

waist: _____

dropped waist: _____

mid section: _____

skirt length: _____

sleeve length: _____

center bodice to arm seam: _____

side to side: _____

shoulder: _____

shoulder to bust: _____

Back

neck to waist: _____

center shoulder to waist: _____

neck to dropped waist: _____

center shoulder to dropped waist: _____

shoulder to shoulder: _____

side to side: _____

center bodice to arm seam: _____

under arm to waist: _____ dropped: _____

Total Length Front: _____

(center neck to hem) Back: _____

Deposit: _____ Check#: _____

Add. Deposit (\$700 required): _____

Check#: _____

Dress Total: _____

Gems: _____

Clip: _____

Shipping: _____

Credit: _____

Total: _____

-Total Deposit Amt: _____

Balance Due: _____