Costume Gallery

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859-655-9419
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Fax 859-655-9277
costumegallery@fuse.net
www.costumegallery-newport.com

Organization:_____ Production:_____

MALE MEASUREMENTS

Measurement Instruction on Reverse Side
ALL MEASUREMENTS SHOULD BE DONE BY ONE PERSON
Important: Please supply all of the following measurements.
Please measure accurately.
DO NOT GUESS AND DO NOT ASK ACTOR.

PLEASE PRINT

A full Service Design and Retail Shop
Specializing in Theatrical & Period Costumes

Number of Costumes	Character	Actor's Name	Shoulder Width	Chest	Waist	Hip	Neck at Center of Back to Waist	Waist to Knee	Waist To calf	Outseam Waist to Ankle	Arm Length	Head	Collar	Height	Weight	Shoe Size	Suit Size

Measurements taken by _____ Phone __(_____)_____