



# MEASUREMENT FORM

**Fax this form to: 808-596-9864**

Name: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Groom's Last Name or Group Name: \_\_\_\_\_ Group Name \_\_\_\_\_

Store Registered: \_\_\_\_\_

Final Fitting Date/Time: \_\_\_\_\_ Event Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date # \_\_\_\_\_

<b>MEASUREMENTS</b>	<b>STYLES</b>
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Coat: _____ Sleeve Inseam: _____  Waist: _____ Outseam: _____  Neck: _____ Sleeve: _____  Chest: _____ Over arm: _____  Height: _____ Weight: _____  Hip: _____ Shoe Size: _____	Garment Style: _____  Trouser Style: _____  Shirt Style: _____ Jewelry: _____  Vest/Sash: _____  Neck Wear: _____  Pocket Square: _____  Suspenders: _____ Misc: _____  Shoes: _____ Hosiery: _____
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*Thank You! We look forward to seeing you soon...*

*Phil Grunenberg*