

Measurement Form

Please fill out the following prior to your measurement appointment.

Name: _____ Section: _____ ID # _____

Phone 1: _____ Phone 2: _____

Height: _____ Weight: _____ Street Shoe: _____ Dance Shoe: _____

Allergies : _____ Pants Waist: _____ Inseam: _____

Dress Size: _____ Shirt / Blouse: _____ Bra: _____ Hose: _____

It's okay to take my measurements! I understand that I'm supposed to wear a bathing suit or leotard during the measurement for accuracy. I understand that I can have one other person with me when I'm measured.

Student Signature: _____ Date: _____

Measurement Date: _____ Measured By: _____ Assistant? _____

(Disregard categories that are not needed.)

Chest/Bust: F _____ B _____

Natural Waist: _____

Fullest Hip: _____

Torso

Girth: _____

Neck Base to Waist: F _____ B _____

Shoulder Line: _____

Across Shoulder: Front _____ Back _____

Shoulder to Bustpoint: _____

Shoulder to Waist: F _____ B _____

Underarm to Waist: _____

Underbust to Waist: _____

Head and Neck

Head Circumference: _____

Hat size: _____

Upper Neck Circ: _____

Neck Base: _____

Legs

Inseam to Floor: _____ Ankle: _____

Upper Thigh: _____

Knee: Above _____ Below _____

Calf: _____ Ankle: _____

Waist to Knee -Side: _____

Waist to Floor-Side: _____

Neck to Floor: F _____ B _____

Arms

Around Arms: _____

Shoulder to Bicep: _____

Shoulder to Elbow: _____

Shoulder to Wrist: _____

Forearm: _____

Wrist: (R / L) _____ / _____

NOTES: _____

