Curtains Up Costumes
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* Master Measurement Sheet *

Organization Name: Contact Name: First full dress rehearsal date:

Name of Production: Phone/Email: Performance Dates:

	Actor Name	Character Name [or costume(s) needed]	M/F	Height	Weight	Head	Neck	Sleeve	Bust/ Chest	Waist	Hips	Waist to Knee	Waist to Floor	Shoe Size
1														
2														
3														
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