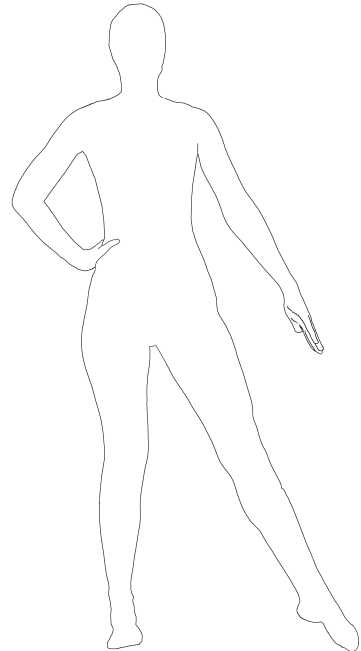


Name: _____ Date: _____

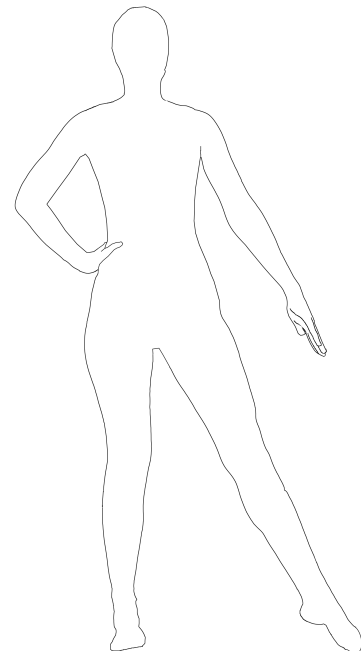
- Bust _____
- Waist _____
- Hip _____
- Full hip _____
- Neck _____
- Back length _____
- Shoulder width _____
- Upper arm _____
- High bust _____
- Wrist _____
- Head circumf. _____
- Thigh _____
- Calf _____
- Sleeve length _____
- Inseam length _____



Notes:

Name: _____ Date: _____

- Bust _____
- Waist _____
- Hip _____
- Full hip _____
- Neck _____
- Back length _____
- Shoulder width _____
- Upper arm _____
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- Wrist _____
- Head circumf. _____
- Thigh _____
- Calf _____
- Sleeve length _____
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Notes: