



CREW UNIFORM ORDER FORM

6333 First Ave. South • Seattle, WA 98108 • 206-447-9860 • fax: 206-447-0824 www.design500.com

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: Work: _____
 Home: _____
 Email: _____

I agree that all measurements and information given is accurate and wish my suit to be made to this design.

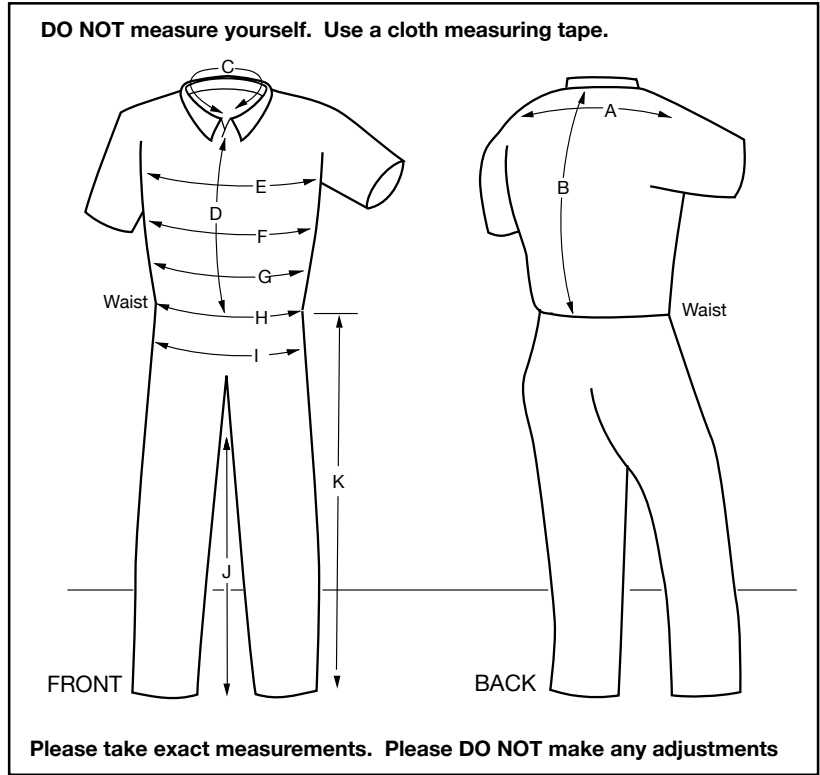
Date _____

Signed _____

I am enclosing a 50% deposit of: \$ _____

MEASUREMENT FORM

Please take exact measurements (inches).
 DO NOT make adjustments.



CREWNAME	HEIGHT WEIGHT	A Shoulders	B Neck to Waist	C Neck	D Front	E Chest	F Ribs	G Stomach	H Waist	I Hip	J Inseam	K Outseam