



## MEASUREMENT FORM

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

City, State, Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group Name: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

### COAT

Size: \_\_\_\_\_ Sleeve: \_\_\_\_\_ Chest: \_\_\_\_\_ Over Arm: \_\_\_\_\_

### VEST

Size: \_\_\_\_\_

### PANT

Waist: \_\_\_\_\_ Hip: \_\_\_\_\_ Outseam: \_\_\_\_\_ Inseam: \_\_\_\_\_

### SHIRT

Neck: \_\_\_\_\_ Sleeve: \_\_\_\_\_

### SHOE

Size: \_\_\_\_\_ Width: \_\_\_\_\_

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