

Theatre UAF Measurement Sheet

Name _____ Phone# _____ E-mail _____ @ _____

Show _____ Role _____ Date ____ / ____ / ____

Allergies? _____ Pierced Ears? _____ Other _____

Hair Color _____ Eye Color _____ Skin Color _____ Favorite Color _____

Known Sizes:

Shoes _____ Pants ____ / ____ Shirt ____ / ____ Dress _____ Bra _____

Measured Sizes:

Head _____ Neck _____ Bust/Chest _____ Underbust _____

Waist _____ Hip _____ Below Knee _____ Inseam _____

Waist-to-floor Front _____ Waist-to-floor Back _____ Waist-to-floor Side _____

Back Neck to Wrist _____ Back Neck to Shoulder _____ Back Neck to Waist _____

Back Neck to Floor _____ Front Neck To Waist _____ Underarm to Waist _____

Yoke Back _____ Yoke Front _____ Bust Front _____

Arm to Wrist _____ Wrist _____ Height _____ Weight _____

Magic Codes:

V A H O X Z BB NB GF NGF SL LW SW