

UAFGR COSTUME FORM

| | | | | | | | |
|---------------------------|---------------|---------------|-----------------|--------------|----------------------|---------------|-----------|
| Returning Dancer | | NEW Dancer | | Instructor:: | | Group: | |
| Name (Last, First) | | | | | | | |
| Address | | | | | | | |
| City | | | | State | | Zip | |
| Mothers Name | | | Mothers Phone # | | Mothers Cell Phone # | | |
| Mothers Email: | | | | | | | |
| Fathers Name | | | Fathers Phone # | | Fathers Cell Phone # | | |
| Fathers Email: | | | | | | | |
| Emergency Contact Person: | | | | | | | |
| Name | | | | Phone # | | | |
| Age | Grade in Sept | Date of Birth | | Height | Weight | Clothing Size | Shoe Size |

**ATTACH
PHOTO
HERE**

Optional
for
Returning Dancers

DANCERS MEASUREMENTS

| SHIRT / BLOUSE | MEASUREMENT IN INCHS | SKIRT | MEASUREMENT IN INCHS | PANTS | MEASUREMENT IN INCHS |
|----------------------|----------------------|---------------|----------------------|----------------|----------------------|
| SHOULDER TO SHOULDER | | WAIST | | WAIST | |
| SHOULDER TO WRIST | | WAIST TO KNEE | | WAIST TO ANKLE | |
| NECK TO MID HIP | | | | | |
| CHEST | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PARENTS ARE TO SUPPLY THE FOLLOWING:
RED AND BLACK EMBROIDERED SHIRTS OR BLOUSE - AND - BLACK BALLET OR JAZZ SHOES
 * NOTE: There may be requests for parents to supply other items during the year.

I, the undersigned, do hereby promise to return all costumes supplied by UAFGR by the date requested in the same condition as it was given to me or I will pay for replacement value and/or cleaning and repair fees.

Parent Signature

Date