

Skeffington's

FORMALWEAR



Event Date: _____

Event Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____



Height: _____ Weight: _____

Underarm: _____ Overarm: _____

Waist: _____ Hip: _____ Outseam: _____

Neck: _____ Sleeve: _____ Fitted/Classic

Shoe: _____ M/W Vest: _____

Special Instructions: _____

Coat

Pant

Shirt

Vest

Tie

Shoes

Other

Other