## \*Please fill out the form as completely as possible.

Groom's Name:	Your Name:		
Event Date:         Address:         City:         State:       Zip:         Phone:	Groom's Name:		
Address:	Event Date:		
City:			
State:	City:		
MEASURING INFORMATION	State:	Zip:	
MEASURING INFORMATION	Phone:		
MEASURING INFORMATION     Jacket:	Email:		
Short   Sleeve Inseam:   Regular   Long   XLong			
RegularLongXLong  Trousers:     Waist:Outseam:Inseam:  Shirt:     Neck:Sleeve:  Shoe Size:Shoe Width:    Wide    Medium  Height: Weight:  Additional Comments/Questions:		Short Sleeve Inseam:	
LongXLong  Trousers:     Waist:Outseam:Inseam:  Shirt:     Neck:Sleeve:  Shoe Size:Shoe Width:Wide    Medium  Height: Weight:  Additional Comments/Questions:	0120		
Trousers:		<del></del>	
Waist:       Outseam:       Inseam:         Shirt:       Neck:       Sleeve:         Shoe Size:       Shoe Width:       Wide         Medium       Medium    Height: Weight: Additional Comments/Questions:		XLong	
Waist:       Outseam:       Inseam:         Shirt:       Neck:       Sleeve:         Shoe Size:       Shoe Width:       Wide         Medium       Medium    Height: Weight: Additional Comments/Questions:	Trousers:		
Shirt:		Outseam: Inseam:	
Neck:			
Neck:	Shirt:		
Shoe Size: Shoe Width: Wide Medium  Height: Weight:  Additional Comments/Questions:		Sleeve:	
		<del></del>	
Height: Weight: Additional Comments/Questions:	Shoe Size:	Wide	
Additional Comments/Questions:		Wicalam	
Additional Comments/Questions:	l laight.	\\/aimht.	
	neignt:	vveignt:	
	Additional Comments	ts/Questions:	