BAND SHOPPE®

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MEASUREMENT FORM

Please call for more information if needed.

SCHOOL NAME _____

P.O. NUMBER _____

ORDER DATE _____

BAND SHOPPE OFFICE USE ONLY

ID#	STUDENT NAME	SEX	HEIGHT	WEIGHT	HEAD SIZE	CHEST	WAIST	HIPS	INSEAM	BACK LENGTH	GIRTH	JACKET		PANTS		HAT SIZE	GAUNTLET

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