

SHOW DATE:

...../...../.....

FACTURA INFORMATION:

SHIPPING ADDRESS:

SHIPPING DETAILS:

PAYMENT:

BANK TRANSFER

TELEPHONE NUMBER:

EMAIL ADDRESS:

@

SCHOOL NAME _____

COURSE NAME _____

ARTICLE NAME _____

FROM CATALOG SHOW 2015 2016 2017 2018 2019

FABRIC _____ AS FROM CATALOG

COLOUR _____ AS FROM CATALOG

FABRIC _____ AS FROM CATALOG

COLOUR _____ AS FROM CATALOG

CHANGES _____



STUDENT NAME	AGE	CHEST	WAIST	HIP	GITH	HIGHT		FROM WAIST TO MALLEOLUS	FROM WAIST TO KNEE	FROM HIP BONE TO MALLEOLUS
TOT.	OBLIGATORY MEASURES							FOR PANTS AND SKIRT		