

Order Form for Grand Officer Formal

Complete in entirety

Name: _____

Email: _____

Phone: _____

Ship formal to:

Name: _____

Address: _____

City, State, Zip Code _____

Ask someone to take your measurements. Please do not try to take the measurements yourself. Formal sizes can vary by as little as ½", therefore you should be certain that your measurements are as accurate as possible.

Bust: _____ inches

(Measure around the fullest part of your bust making sure the measuring tape is level across your back.)

Bra cup size: _____ *(Just record the letter, ex: AA, A, B, C, D, DD, etc.)*

(If your bust measurement falls between sizes, we can better determine which size to order with this information.)

Natural Waist: _____ inches

*(Important! To get this measurement - stand up straight and tip slightly to the right or left. The place where your body "breaks" is your natural waist. **Your waist is NOT where the top of your low-rise pants sits!**)*

Hip: _____ inches

(This should be taken at the fullest part of your hip which is usually about 7 inches below the natural waist.)

Hollow-to-hem: _____ inches

(Hold the end of a tape measure in the indented, "hollow" spot located between your collarbones, just at the base of your neck. Allow the other end of the measuring tape to fall to the floor and then record the measurement between these two points.)

Height: _____ inches **Weight:** _____ pounds *(Used only for sizing if you fall between sizes.)*

List any special fitting instructions or concerns: _____

If your weight fluctuates drastically due to medication or any other reason, please indicate if you would like to order formal a size larger or a size smaller than your measurements require.

Smaller Larger

Other instruction or information _____

Payment may be made either by check or credit card. Those paying by credit card may email this form to Mrs. Seymour at seymour.angela.k@gmail.com. Those paying by check should mail a copy of this form, along with a check in the amount of \$170.00, made payable to *Grand Assembly of Texas*, to:

Mail: Mrs. Angela Seymour, Supreme Deputy
 20403 Weald Way
 Spring, TX 77388

Do not send formal order forms via postal or mail services that require a signature for delivery.

Charge: **Name on Credit Card:** _____
 Zip code of name on card: _____
 Type of Credit Card: _____
 Credit Card Number: _____
 Expiration date: _____
 Security Code: _____

This 2nd page of the Order Form will be shredded once the order has been placed and payment is processed.

If you have any questions, please contact me at 281-782-2511, or via email at seymour.angela.k@gmail.com.

