

Order Form for Your Grand Assembly Formal
Complete in entirety

Name: _____
Email: _____
Phone: _____

Where do you want your formal shipped?

- Home** (list address): _____

- Other** (explain, and include name and address): _____

Ask someone to help you 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, etc.)*
(If your bust measurement falls between sizes, I 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: _____

Does your weight fluctuate drastically due to medication? If so, please indicate if you would like a size larger or smaller than your measurements require.

- Smaller Larger
 Other instruction or information _____

Send completed forms and 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**

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

If you have any questions, please contact me:

Home Phone: 281-782-2511

Email: seymour.angela.k@gmail.com