

# **WISTWIND SCHOOL** **COSTUME SIZE FORM**

**PLEASE NOTE: ONE CHILD PER FORM &  
YOUR \$50 PER CLASS DEPOSIT MUST  
ACCOMPANY THIS FORM**

**STUDENT NAME:** \_\_\_\_\_

**CLASS OR CLASSES:** \_\_\_\_\_

**PLEASE CIRCLE THE SIZE YOU ARE CHOOSING FOR YOUR CHILD:**

**Child sizes: CXS CSM CME CLA CXL**

**Adult sizes: ASM AME ALA AXL**

## **SIZE CHART**

**CXS: 2**

**CSM: 4-6**

**CME: 6x-10**

**CLA: 12-14**

**CXL: 16-18**

**ASM: 4-6**

**AME: 8-10**

**ALA: 12-14**

**AXL: 16**

**I am choosing the size that I feel will best fit my child in April. I am aware that any alterations that need done to make my child's costume fit appropriately are my responsibility. I agree to pay the balance on my costume by March 1st.**

**Signature Parent/Guardian** \_\_\_\_\_

**DUE OCTOBER 28, 2021**

### **OFFICE USE ONLY:**

**Deposit:** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Cash**

**Balance:** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Cash**

**Costume Received**