



# ORDER AND MEASURE FORM

P.O. Box 16954  
 Jacksonville, Florida 32245  
 Telephone 1-800-847-7977

Name of Church or School \_\_\_\_\_  
 Address of Church or School \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_

Ship To \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_

Date _____	Date You Need Order _____
<b>ROBES</b>	<b>STOLES</b>
Robe Style _____	Stole Style _____
Robe Fabric & Color _____	Stole Fabric & Color _____
Be sure to attach fabric & color swatches	Be sure to attach fabric & color swatches
Robe & Sleeve Trim Fabric & Color _____	Monograms Wanted on Stole _____
Be sure to attach fabric & color Swatches	Show Placement of Monograms on Reverse Side of Form
Monograms Wanted on Robe _____	On reversible stole, specify the side monograms are desired
Show Placement of Monograms on Reverse Side of Form	
Color of Monogram Wanted on Robe _____	Color of Monogram Wanted on Stole _____

PHONE Number \_\_\_\_\_  
 FAX or E-mail \_\_\_\_\_

NAME	LYRIC Robe Size S, M, L, XL (if known)	Total Height From Top of Head to Floor	Approx. Weight
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			