

NAME: _____

- | | |
|----------------------|-----------------------------|
| <input type="text"/> | HEIGHT (H) |
| <input type="text"/> | CHEST (C) |
| <input type="text"/> | OVER BUST (OB) |
| <input type="text"/> | WAIST (W) |
| <input type="text"/> | SEAT (S) |
| <input type="text"/> | THIGH (T) |
| <input type="text"/> | CALF (CA) |
| <input type="text"/> | BODY CORD (BC) |
| <input type="text"/> | INSIDE LEG (ISL) |
| <input type="text"/> | WRIST TO WRIST (W2W) |
| <input type="text"/> | ELBOW TO ELBOW (E2E) |
| <input type="text"/> | UNDER ARM (UA) |
| <input type="text"/> | BICEP (B) |
| <input type="text"/> | FOREARM (FA) |
| <input type="text"/> | WRIST (WR) |
| <input type="text"/> | NECK (NK) |
| <input type="text"/> | SHOE SIZE (SH) |
| <input type="text"/> | FOOT LENGTH (FL) |

