



The Spotlight Shop Order Form

Please return completed form to the Office.

_____ Date

_____ Parent / Guardian Name

_____ Phone Number

_____ Email:

Student Information:

_____ Name

_____ Clothing Size

_____ For Tights Only: Height

_____ Weight

_____ Sneaker Size

Please Check Box to Order Specify Adult or Child Size

Musical Theater Class / Level: _____

Shirt Size: _____ Quantity: _____ Shirt Color Preference: _____

Tigt Size: _____ Quantity: _____ Short Size: _____ Quantity: _____

Shoe Size: _____ Quantity: _____ Pants Size: _____ Quantity: _____

Dance Class / Level: _____

Leotard Size: _____ Quantity: _____ Skirt Size: _____ Quantity: _____

Tigt Size: _____ Quantity: _____ Short Size: _____ Quantity: _____

Shoe Size: _____ Quantity: _____ Pants Size: _____ Quantity: _____

Shirt Size: _____ Quantity: _____ Shirt Color Preference: _____

Dance Class / Level: _____

Leotard Size: _____ Quantity: _____ Skirt Size: _____ Quantity: _____

Tigt Size: _____ Quantity: _____ Short Size: _____ Quantity: _____

Shoe Size: _____ Quantity: _____ Pants Size: _____ Quantity: _____

Shirt Size: _____ Quantity: _____ Shirt Color Preference: _____