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THEATRE SERVICES INFORMATION REQUEST

Please complete the following information and fax or mail this for to All Dressed Up Costumes. You can also email this information to us, please indicate Theatre Services Request in the subject of your email and include the following information:

Current Date _____

Name _____

Theatre Name/Organization _____

Street Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

Shipping Address (if different) _____

Daytime Phone _____ Fax _____

Email Address _____

Name of Show/Project _____

Production Date(s) _____

First Dress Rehearsal Date _____

Approximate Cast Size _____

I need theatrical makeup and/or makeup catalog

Specific Information about Request: