

Performer Information

Name	
Contact Information	
Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	
Email	
Available Times	
Age	
Height	
Size	
Weight	
Body Block included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies/ Skin Sensitivities	
Physical Particularities	
Sweat Zones	
Safety Notes	





Roles & Costume Assignment

Scene	Role/ Character	Costume Number	Stage Entry	Stage Exit	Quickchange <input type="checkbox"/> Yes <input type="checkbox"/> No	Timing
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	



Fitting Log

Status										
Alteration										
Costume Component										
Costume										
Date										



Quickchange Plan for _____

Scene	Timing	Time needed	Costume before	Costume After	Assistance	No Assistance	Location



Feedback from _____

Costume (Number/ Modification)	Notes/ Wishes/ Comments



Body Measurements

Feature	From	To	Measurement

