MMMC Uniform Measurement Form
2019-2020

LAST NAME: _____ FIRST NAME: _____

GRADE: _____ SECTION: _____

PARENT NAME: _____ PARENT CELL #: _____

HOME PHONE: _____ STUDENT CELL #: _____

CIRCLE ONE: PAID IN FULL PAYMENT ARRANGEMENTS MADE

BOARD MEMBER SIGNATURE _____

**********OFFICE USE ONLY**********

HEIGHT _____ CHEST _____

WAIST _____ HIPS _____

HEAD _____ WRIST _____

PANT# _____ GAUNTLET# _____

JACKET # _____ BALDRIC# _____

HAT # _____ SHOE SIZE _____ MENS size

(All shoe sizes are to be noted in mens size)

Suggested* hat size: XS S M L XL GLOVE SIZE XS S M L XL

Suggested* uniform size:

Suggested* gauntlet size: XS S M L XL Perscussion? Yes No

*according to FJM sizing chart

FITTER'S NAME _____

PLEASE RETURN FORM TO:

STEPHANIE MARKER - UNIFORM COORDINATOR 562-794-3009