Custom Order Form

Cover Dem Bones
P.O. Box 1721
Mechanicsville, VA 23116

Please note that certain fields are required. (*)

Name*	
Home Phone*	
E-mail*	
What type of event and when is it?	
Event Type:	
Enter the date of the event*	*-- mm/dd/yyyy*
Garment Details:	
Preferred Price Range	*ie 300.00- 950.00*
This is a historical reproduction	***Yes*** ***No*** (Circle one)
It needs to be historically accurate	***Yes*** ***No*** (Circle one)
Please enclose picture(s) of this garment *	
This garment needs to look exactly like the garment in the picture(s)	***Yes*** ***No*** (Circle one)
If the garment doesn't need to look exactly like picture(s), please note the changes	
What is the primary type of fabric you would like to use?	
What color would you like your garment?	
Garment needs embroidery	***Yes*** ***No*** (Circle one)
If yes, how big will the embroidered area be? (indicate inches or centimeters)	
How will rendering be supplied?	
Garment needs beading?	***Yes*** ***No*** (Circle one)
If yes, please label and enclose picture(s)	
Garment needs trim?	***Yes*** ***No*** (Circle one)
If yes, please specify a color	
If yes, please label and enclose picture(s)	