



Fit & Performance Check List

GROUP NAME _____ STYLE _____ DATE _____

Check ALL aspects of the fit of your "First in Production" sample. This is how your garment WILL fit unless otherwise noted.

NAME of person who tried on this sample _____

Measurements of this person (in inches) – please enter below:

Sample	Bust	Waist	Tummy	Hips	Rise	B.Neck	Should.	Arm W.	Arm L.	Neck	Inseam
Sample	34	26	34	36	26	16	13.5	10	22	12.5	31

CORRECT LOOK & STYLE?

COLOR YES ___ NO ___ EXPLAIN _____

FABRIC YES ___ NO ___ EXPLAIN _____

TRIM YES ___ NO ___ EXPLAIN _____

DESIGN YES ___ NO ___ EXPLAIN _____

CORRECT FIT (EXPLAIN & PIN SAMPLE TO GIVE US AN EXACT VISUAL)

WIDTH FIT

TORSO RIGHT ___ WRONG ___ EXPLAIN _____

SLEEVES RIGHT ___ WRONG ___ EXPLAIN _____

LEGS/SKIRT RIGHT ___ WRONG ___ EXPLAIN _____

LENGTH FIT

TORSO RIGHT ___ WRONG ___ EXPLAIN _____

SLEEVES RIGHT ___ WRONG ___ EXPLAIN _____

LEGS/SKIRT RIGHT ___ WRONG ___ EXPLAIN _____

FUNCTION & PERFORMANCE You MUST test this SAMPLE by performing your routine in it.

DID YOUR SAMPLE PULL? RESTRICT MOVEMENT? RIDE UP? EXPERIENCE ANY OTHER TECHNICAL DIFFICULTIES?

PLEASE CIRCLE & EXPLAIN ANY OF THESE PROBLEMS, or other issues, so we can be made aware of them and adjust or fix the problem. **Email digital photos to show exactly what & where the problem is, so we can see it.**

Signature _____

Date _____

PLEASE RETURN THIS FIT SHEET WITH YOUR "First in Production" SAMPLE

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