

TAILORING & ALTERATIONS APPOINTMENT FORM

Appointment Date:

Appointment Time:

Client Information	
First Name	Last Name
Phone Number	Email Address

Appointment Information	
Type of Garment to be altered?	Alterations Delivery Date
Please describe the alterations required and any additional information you want to add	

I confirm that the details provided above are accurate to the best of my knowledge. I understand that any changes to the appointment must be communicated at least 24 hours in advance.

Signature:

Date: