



180 E. Prospect Avenue, Suite #120, Mamaroneck, NY 10543
914 441-9335 www.artofdrressing.net

CLIENT INFORMATION FORM

Please complete and attach a current "head to toe" photo of yourself by email to artofdrressingllc@gmail.com or mail form to:
Art of Dressing 180 E. Prospect Avenue, Mamaroneck, NY 10543

For the best analysis of your body style, please wear a fitted top and bottom to show you body shape. Include a side view profile as well.

Please Print Information

Name: _____

Home number: _____

Cell number: _____

Address: _____

City, State: _____

Zip code: _____

Email address: _____



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Profile

Height:_____Weight:_____Age:_____

Hair Color:_____ Eye color:_____ Skin Tone:_____

Measurements

Bust:_____Waste:_____Hip:_____

Dress Size:___Pant:___Top:___Shoe:_____

Provide some background on your lifestyle, work, play and home and something about your personality



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Preferences

What is your go-to outfit and why? _____

What are your favorite stores: _____

How often do you shop: _____

Do you have clothing in your closet with tags attached? _____

What are your best features? _____

What part of your body do you try to cover/hide? _____

Do you use accessories? How often? _____

How high of a heel do you usually wear? _____

What is your favorite color/s? _____

Attitude

Are you excited and ready to make changes to enhance your look? _____

Do you consider yourself open minded? _____

When do you feel you look your best? _____

Additional Personal Notes: _____
