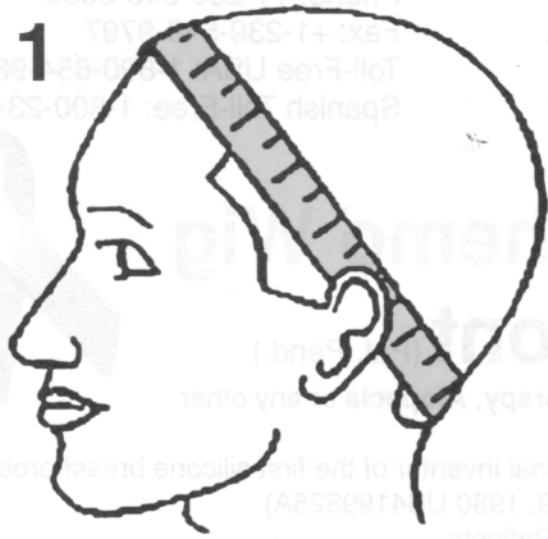


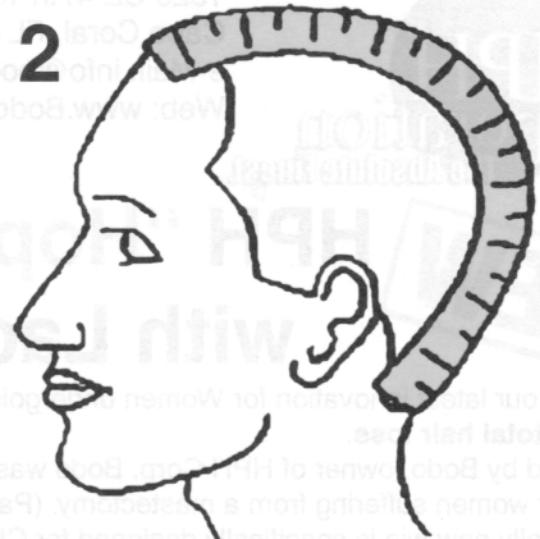
Order #: _____ Name: _____ Date: _____

1



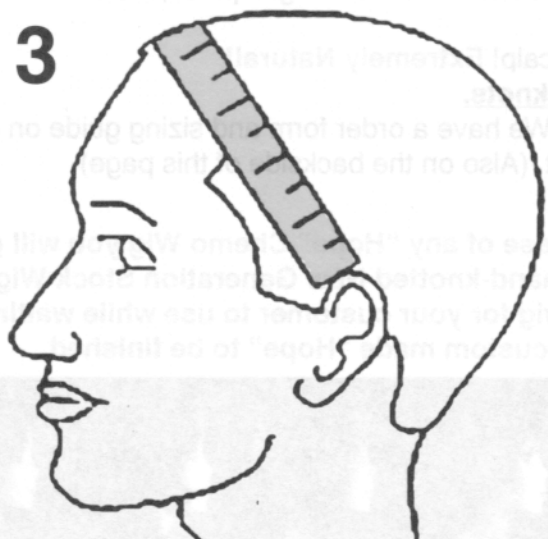
Circumference: _____

2



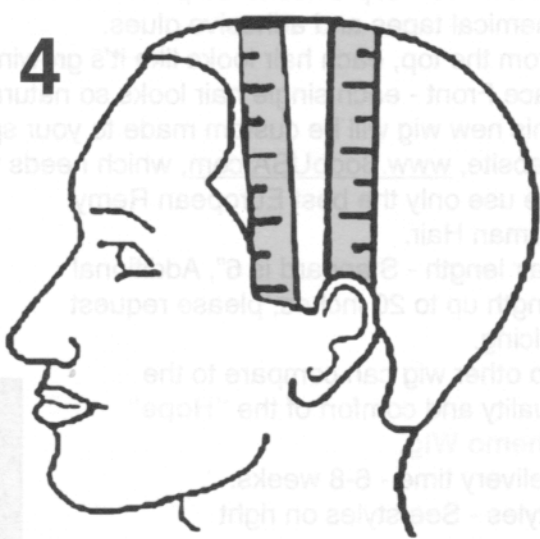
Front to Nape: _____

3



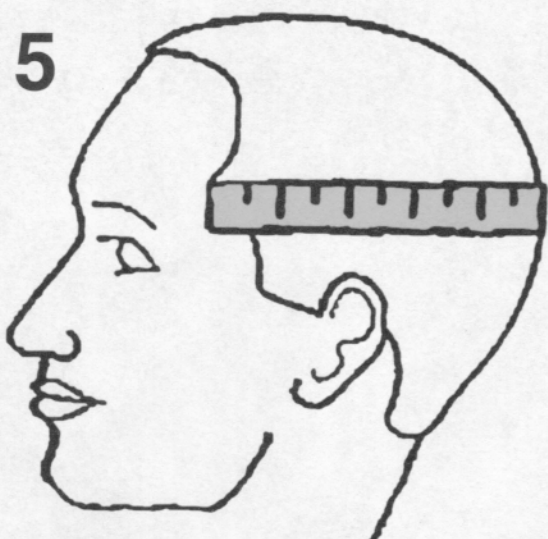
Ear to Ear Across
Forehead: _____

4



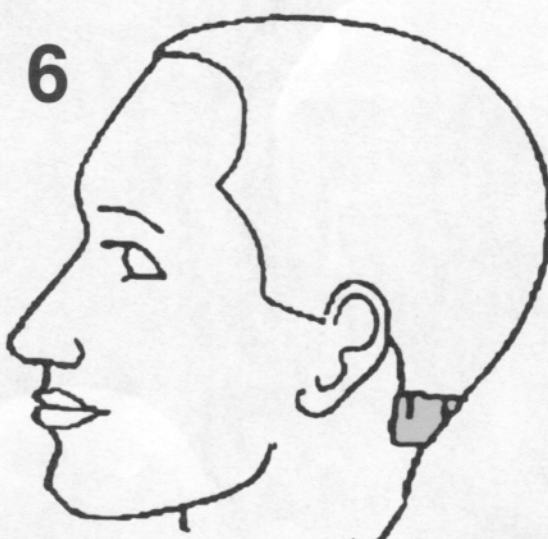
Ear to Ear Over Top:
End of Sideburn to End of
Sideburn: _____

5



Temple to Temple
around the Back: _____

6



Nape of Neck left
to right: _____