



Costumes by Dusty, Inc.

324 Exchange Drive • Arlington Texas 76011 / (817) 548-5767 • Fax (817) 277-8889
costumes@costumesbydusty.com www.costumesbydusty.com

COVID-19 CONTRACT ADDENDUM

THIS MUST ACCOMPANY THE COSTUME CONTRACT

All blanks must be completed to be added to our production calendar

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Name of School, Theatre, or Organization _____

Name of Production _____

Director _____ Email _____

Cell phone _____

Costumes By Dusty is using CDC guidelines to ensure safety of your costumes. I understand that charges will be incurred if a show is cancelled too late. Costumes By Dusty will do everything it can to assist you through the show process and avoid unnecessary charges when possible.

Your initials _____

COVID COSTUME PROCEDURES:

I agree to send: (please initial next to EVERY blank)

___ a Costume Contract.

___ a COVID Addendum Contract (this form).

___ an ACCURATE AND COMPLETE measurement sheets.

___ a PO from the district OR a Completed Booster Club Agreement Form.

___ An accurate due date when the costumes are needed.

___ I will reply to the email sent about 10 days before due date to approve that the costumes can be selected.

___ I understand that I can cancel my show before costume selection has begun without incurring any financial charges.

___ I understand that once costume selection has begun, a 50% fee will be charged for each costume selected if the show is cancelled.

___ I understand that I am to return the show by the due date with each costume bagged and labeled with the original Costumes By Dusty Measurement Sheet as per the Costume Contract to avoid additional fees.

Signature _____

Date _____