



# DESIGN & ORDERING KIT

Let's get started with designing the specifics! Here's what you'll need to do next:

## 1. FILL OUT THIS QUESTIONNAIRE

to the best of your abilities. Experience has taught us that the more information we have from you, the easier it is to get your design right the first time, as well as manage costs and meet your deadlines!

## 2. SEND IT BACK TO US!

Email this form back to your Account Manager. If you have image files that are too large to send over email, upload them here:

[INFO.THELINEUP.COM/DESIGN-AND-ORDERING-KIT](mailto:INFO.THELINEUP.COM/DESIGN-AND-ORDERING-KIT)

## GENERAL TEAM INFORMATION

TEAM/GROUP DESCRIPTION: \_\_\_\_\_

CATEGORY/GROUP LEVEL: \_\_\_\_\_

PERFORMANCE DATE: \_\_\_\_\_ PREFERRED DELIVERY DATE: \_\_\_\_\_

BUDGET: \_\_\_\_\_ QUANTITY: \_\_\_\_\_

SIZE RANGE:  ADULT  CHILD  COMBINATION  OTHER

## GARMENT CARE AND FUTURE NEEDS

The following questions help us provide appropriate design solutions based on your garment care.

How long will you wear the garment?  1 year  2 years  3 years  4 years or more

Will you need to reorder the garment?  No  Yes If yes, please explain: \_\_\_\_\_

How often do you wash your garments?: \_\_\_\_\_

How do you care for your garments?:  One person is in charge of washing all of our team's garments.  Each team member is responsible for washing their own garments.

I am interested in The Line Up washing our garments. (If yes, you will be contacted by your Account Manager to determine the cost per garment before committing to this service.)

# DESIGN & THEME SPECIFICS

The more visuals you can send, the better we can assist you! Send us pictures of your concept or a copy of the music so we can get a feel for your theme.

I have pictures and ideas I will be sending  I would like to talk to a designer before we start the design process

Which is more important to you?  Design Integrity (The design of my garment is important, budget isn't as big of a concern)  
 Budget (I need to stay within my budget, and I am willing to compromise on my design if needed)

What is your theme or specific design need? Please explain:

Describe other designs or teams you like:

Music: \_\_\_\_\_

VISUALS: Check out the following resources to spark your imagination:

ONLINE STYLES: [WWW.THELINEUP.COM](http://WWW.THELINEUP.COM) & ELECTRONIC CATALOGS

We have 11 catalogs and over 2000 styles online! See something you love but want to make a change? You're in luck! Every piece is made to order, which makes modifications possible.

I like these online styles:

This is how I'd like to modify the above styles:

THE LINE UP'S ONLINE PORTFOLIO: [WWW.THELINEUP.COM/PORTFOLIO](http://WWW.THELINEUP.COM/PORTFOLIO)

Browse through our galleries of past customers and custom costumes!

Costumes or teams I like:

PINTEREST: @THELINEUPMN

Find inspiration on our Pinterest page, and create your own secret board to show us what looks you love! Share with TheLineUpMN.

Link to my Pinterest board:

FABRICS: [THELINEUP.COM/FABRICS](http://THELINEUP.COM/FABRICS)

Check out our standard fabric offerings. Special order fabrics are also available by request, but have an additional fee.

Fabrics & Colors I like:

FACEBOOK: @THELINEUPMN

INSTAGRAM: @THELINEUP

Browse tons of photo galleries on our Facebook page or take a peek at our Instagram feed for inspiration!

# FIT PREFERENCE

Garment Should Be:  One Piece  Two Piece or more  Other \_\_\_\_\_

How do you want the garment to fit? (Please Explain): \_\_\_\_\_

Specific competition rules to consider (Explain): \_\_\_\_\_

Previous Preferences (Things you have liked in the past): \_\_\_\_\_

Previous Concerns (Things you have not liked in the past): \_\_\_\_\_

To have attached:  Brief (Under skirt)  Boyshort (Under skirt)  Leotard (Under dress)  Biketard (Under dress)  Other \_\_\_\_\_

Number of Skirt layers:  1  2  3 Special Skirt Drape or Fit Needs: \_\_\_\_\_

Length of Skirt:  Short (12-14")  Mid Thigh (16-18")  Knee (20-22")  Below Knee (24-26")

Waist Placement:  Empire Waist (Just Below Bust)  High Waist (Smallest Part)  Natural Waist (At Belly Button)  Low Waist (2" Below Belly Button)

# EMBELLISHMENTS & ACCESSORIES

Check off the following embellishments you would like applied to your costumes or uniforms.  
See the Design Options section of our website for more inspiration and options: [WWW.THELINEUP.COM/DESIGN\\_OPTIONS](http://WWW.THELINEUP.COM/DESIGN_OPTIONS)

SPARKLE EMBELLISHMENTS - I want to bling my costume!

Rhinestones - Specific Rhinestone Ideas:

Designed by The Line Up  Designed by You  Applied by The Line Up  Applied by You

Sequins/Spangles : Specific Sequin Ideas:

LOGO & LETTERING - I would like to apply lettering or my team's logo to my uniform!

Follow my group's specific guidelines! My team/school is picky about using specific colors, logos, or lettering.

Logo/Lettering Specs and Files (We will need your logo file in .EPS or .AI format):  Attached  To Be Sent

Font: \_\_\_\_\_ Pantone Colors: \_\_\_\_\_

Help me design it! My team/school isn't as picky

Font or Color Preferences: \_\_\_\_\_

Where do you want the Logo Placed? \_\_\_\_\_

Do you have a specific application preference?  Embroidery  Sublimation  Vinyl  I'm not sure - help me decide!

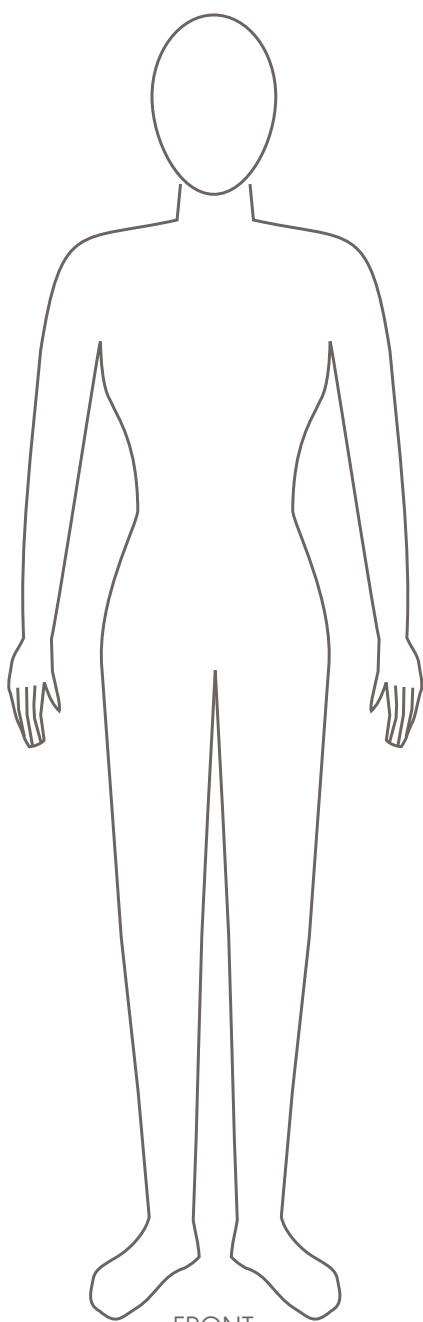
ACCESSORIES - I would like The Line Up to make our accessories.

Hairpiece  Gloves  Chokers  Other \_\_\_\_\_

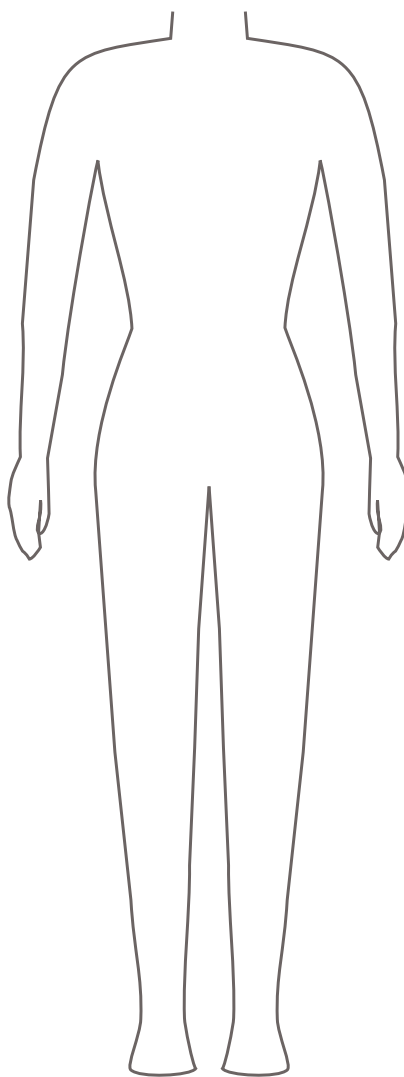
Please describe: \_\_\_\_\_

# DESIGN SKETCH

Here's the fun part - Sketch your ideas below! Annotate as much information as you can: colors, fabrics, rhinestones, lettering, components, etc. The more information you can provide, the better!



FRONT



BACK



SIDE

Notes/Additional Information:

# ACCOUNT INFORMATION

- I'm a new customer. (Fill out the form below)     I'm an existing customer and my information has changed. (Fill out the form below)     I'm an existing customer and last year's records are complete and accurate. (If so, you may skip the form below)

## GENERAL CONTACT INFORMATION

Name:		Organization:	
Email:		Primary Phone:	Secondary Phone:
Address:			
City:	State:	Zip:	<input type="checkbox"/> Business <input type="checkbox"/> Residence
Customer Type:	<input type="checkbox"/> Studio <input type="checkbox"/> Skate <input type="checkbox"/> High School - Dance <input type="checkbox"/> High School - Cheer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pro <input type="checkbox"/> Semi-Pro <input type="checkbox"/> College - Dance <input type="checkbox"/> College - Cheer	
How did find us?	<input type="checkbox"/> Existing Customer <input type="checkbox"/> Web Search <input type="checkbox"/> Social Media <input type="checkbox"/> Email <input type="checkbox"/> Pinterest <input type="checkbox"/> Ad in a Program	<input type="checkbox"/> Convention or Trade Show <input type="checkbox"/> Coaches Association <input type="checkbox"/> Saw a Line Up costume on another team	
	<input type="checkbox"/> Online Advertisement <input type="checkbox"/> Referral	From: _____	

## BILLING INFORMATION

- Same as above     Different than above

Name:		Title:	
Organization:		Email:	
Work Phone:	Home Phone:	Cell Phone:	
Address:			
City:	State:	Zip:	<input type="checkbox"/> Business <input type="checkbox"/> Residence
Who is your billing contact person?	<input type="checkbox"/> Club or Treasurer <input type="checkbox"/> Ath Dir &/or Secr <input type="checkbox"/> Corp A/P <input type="checkbox"/> Other: _____		
Date funds will be available for 50% down payment: _____	Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order (Accepted for Schools only)		
Date funds will be available for final payment: _____	Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order (Accepted for Schools only)		
Funds will come from:	<input type="checkbox"/> Business/School <input type="checkbox"/> Private/Boosters		

## SHIPPING INFORMATION

- Same as above     Different than above

Please Note: All shipments are sent via FedEx and require a customer's signature to be released by the courier.

Name:		Title:	
Organization:		Email:	
Work Phone:	Home Phone:	Cell Phone:	
Address:			
City:	State:	Zip:	<input type="checkbox"/> Business <input type="checkbox"/> Residence