

Dance Shop at The Nutmeg Pointe Shoe Fitting Questionnaire

Student Name: _____

Parent Name: _____

Phone Number: _____

Email: _____

Appointment Date Requested: _____

Appointment Time Requested: _____

Street Shoe Size: _____

Dance Studio: _____

Years on Pointe: _____

Hours per week on Point: _____

Current Point Shoes: BRAND: _____

MODEL: _____

SIZE: _____

Problem with Current Shoes: _____

Additional Comments: _____

FOR OFFICE USE ONLY:

Fitting Notes:

Follow Up: