



3410 Reynoldswood Dr., Tampa, FL 33618 | stracke@Likeatures.com

Special Occasion Likeature Information Form:

Client Name: _____ ☐ ☐
Phone: _____ ☐ ☐
Cell: _____ ☐ ☐
Email: _____ ☐ ☐
Date the custom figurine is needed: _____ ☐ ☐
Actual special occasion date: _____ ☐ ☐

Billing Address: _____

Mailing Address (if different than above): _____

SPECIAL OCCASION LIKEATURE

Name: ☐ _____
Height: ☐ _____
Hair Color: _____
Eye Color: _____
Facial Hair (men only): _____
Clothing/Costume (photos are required to depict actual clothing item, if desired): _____

Facial Expression (to be depicted on the statue): _____

Physical features emphasized: _____

Physical features downplayed: _____

Hobbies, Occupation, or Interests to be included: _____

Additional accessories/props (additional charges may apply): _____

Description of Pose: _____

Date, Names, Props for the base: _____

Special Instructions: _____

