

**Returns**

Costumes Galore  
**Returns Department**  
1415 1<sup>st</sup> Ave  
Mankato, MN 56001

Please complete entire form.

**Exchanges**

**\*Please place a new order first.**

New Order Number: \_\_\_\_\_  
Please complete entire form.

Original Order Number: \_\_\_\_\_

Attach a copy of your email confirmation if available.

Name: \_\_\_\_\_

(name used on original order)

Address: \_\_\_\_\_

Email: \_\_\_\_\_

(email used on original order)

Phone: \_\_\_\_\_

Costume(s) returning:

1) Item # \_\_\_\_\_ Description: \_\_\_\_\_  
(located in your email receipt)

2) Item # \_\_\_\_\_ Description: \_\_\_\_\_

3) Item # \_\_\_\_\_ Description: \_\_\_\_\_

4) Item # \_\_\_\_\_ Description: \_\_\_\_\_

5) Item # \_\_\_\_\_ Description: \_\_\_\_\_

6) Item # \_\_\_\_\_ Description: \_\_\_\_\_

7) Item # \_\_\_\_\_ Description: \_\_\_\_\_

8) Item # \_\_\_\_\_ Description: \_\_\_\_\_

Reason for return (be as detailed as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In House Use Only:

PM Date: \_\_\_\_\_ Shipping: \_\_\_\_\_ Checked in by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_