

MODEL CASTING REGISTRATION FORM

Full print name: _____

Phone Number: _____

Address: _____ Zip code: _____

E-mail: _____

Details:

Age:

Height:

Weight:

Bust:

Waist:

Hips:

Cup:

Dress:

Shoe:

Hair color:

Hair Length:

Eye Color:

Ethnicity:

Tattoos:

Piercings:

Experience:

Compensation:

You are interested: Video Photography Other _____

Date _____

signature: _____

Comments : _____

Genres:

- Acting
- Art
- Bodypaint
- Fashion
- Fetish
- Fit Modeling
- Fitness
- Glamour
- Artistic Nudes
- Boudoir
- Hair/Makeup
- Lifestyle
- Lingerie
- Parts Modeling
- Pinup
- Promotional Modeling
- Swimwear
- Underwater
- Wedding