

MODEL CASTING FORM

Model's Information

Full Name _____
Modeling / Stage Name (if any) _____
Candidate Casting ID (Assigned) _____
Address _____
City, State, and Postal Code _____
Phone: _____ E-Mail: _____

Personal Information

Age	_____	Hair Color	_____
Height	_____	Eye Color	_____
Weight	_____	Tattoos	_____
Bust Size	_____	Markings	_____
Waist	_____		
Hips	_____		

Modeling Experience? If yes, please describe and include any affiliations:

Preferred Modeling Styles

Portrait
 Artistic Nude
 Editorial / Commercial

Lingerie
 Anonymous Nude
 All

Glamour
 Concepts

Representative: _____ Date: _____