



MODEL CASTING

Please fill out the form completely and bring to the casting event.

Make sure to also include (2) printed photos.

CASTING INFORMATION

Full Name: _____ Date Casting Photo

Taken: _____

(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

Address: _____

Phone: _____ E

mail: _____

Age: _____ Gender: _____ Ethnicity: _____

Nationality: _____

CASTING INFORMATION

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Hair Length: _____ Hair
Style: _____

CLOTHES SIZE

Shirt Size: _____ Pant Size: _____ Shoe Size: _____

Blouse Size: _____ Dress Size: _____ Hips: _____ Waist: Bust: _____

(ADDITIONAL INFO FOR WOMEN)

ABOUT YOU

Are you an agency model: Yes _____ No _____ If Yes, list the agency:

Occupation: _____

Hobbies/Interests/Talents: _____

Do you have transportation? Yes _____ No _____

NOTES OFFICE USE ONLY
