

ABVA MODEL CASTING

NAME _____

AGE _____

Gender/Pronoun _____

ADDRESS _____

CONTACT PHONE NUMBER _____

EMAIL _____

HEIGHT _____

CLOTHES, DRESS, SHIRT/TOP, PANT SIZE _____

SHOE SIZE _____

ARE YOU WILLING TO DO CUT, COLOR OR BOTH? _____

ARE YOU AVAILABLE ALL DAY FOR PREP & THE SHOW? _____

SIGNATURE _____

DATE _____

GUARDIAN SIGNATURE IF MODEL IS UNDER 18

DATE _____