



MODEL APPLICATION

Name

First: _____ Last: _____

Phone: _____ Email: _____

Address

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Birth Date

MM / DD / YYYY

Sizes

Shirt Size:

- X-Small
- Small
- Medium
- Large
- X-Large

Dress Size:

- 0
- 2
- 4
- 6
- 8
- 10

Waist Size (in inches): _____ Height (feet, inches): _____ Weight (pounds): _____

Measurements (ex: 32/24/34): _____ Shoe Size: _____

Are you willing to have substantial changes made to your hair? Yes No

Are you willing to have your hair colored? Yes No

Do you have experience in the following?

- Stage
- Runway
- Photoshoots
- No previous experience

Agency Affiliation? Yes No

Upload your photo*

Please send current photo(s) to bokaosaveda@gmail.com.

Color or black and white are acceptable. Photos should be in .jpeg .png. or .pdf format in high resolution.