



Model Intake Form

Name: _____

Phone: _____ Email: _____

Address: _____

Age: _____ Modeling Interests: Print Runway TV

Modeling Experience: Yes No If so, what?

How did you hear about us? _____

Do you have a portfolio? Yes No

Bust: _____ Waist: _____ Hips: _____

Do you have any felonies? Yes No

If so, please explain: _____

Availability: M T W TH F Sa Su • Novice Intermediate Advanced

For Office Use Only

Interview Date: _____ Time: _____

Interview Notes: _____

Interviewed By: _____ Date: _____

Status: Approved Dismissed

attach photo