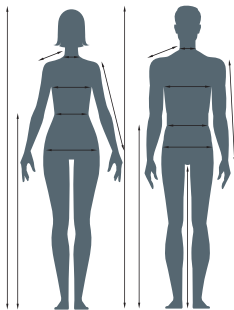


Model Registration Form

MODEL INFORMATION

Full Name :	<input type="text"/>		
Preferred name :	<input type="text"/>	Tiktok :	<input type="text"/>
Phone #:	<input type="text"/>	Instagram :	<input type="text"/>
Email :	<input type="text"/>	Portfolio Link :	<input type="text"/>
Age :	<input type="text"/>	Facebook :	<input type="text"/>
Gender Identity :	<input type="text"/>	Pronouns :	<input type="text"/>

MEASUREMENTS



Height (ft & in) :	<input type="text"/>	Weight (lbs) :	<input type="text"/>
Hair Color :	<input type="text"/>	Eye Color :	<input type="text"/>
Bust (in) :	<input type="text"/>	Suit Size (Men) :	<input type="text"/>
Waistline (in) :	<input type="text"/>	Shirt Size (Male) :	<input type="text"/>
Hips (in) :	<input type="text"/>	Dress size (Female) :	<input type="text"/>
		Shoe Size (US/CA) :	<input type="text"/>

CONSENT AND AGREEMENT

By printing my name below, I confirm that:

- 1. The information provided is accurate.
- 2. I agree to participate in and follow all event guidelines
- 3. My likeness (photos/videos) in this event may be used for CCA and its event partners portfolio, media and promotional purposes.
- 4. I confirm that I am legally allowed to participate in this event.

For Models 18+

Printed Name:

Date Signed: / /

For Models Under 18

I,

As the parent/guardian of

give my full consent for them to participate in

Guardian's Full Name: Phone:

Address: Email:

Date Signed: / /