



Model/Actor/Talent Group Application Form

Section I: Information

Studio / Organization Name:

Contact:

Address:

Phone:

City:

Types of Registration

Model

Postal:

Acting

Number of Applicants

Organization Website:

We are always interested in collaborating and gaining more partners.

Are you interested in becoming a partner of the competitions?

Section II: Applicants

Name

Age

Gender

Model Acting

*If more than five (5) participates, include the information by email

**Submit this form along with minimum 4 photos per applicant;
Full length front, full length profile, portrait, personality**

Faceswestnorthamerica@gmail.com