



**COSTUME GALLERY MODEL APPLICATION FORM**

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Burlington, NJ 08016

Phone 609-386-6601

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**Print this form and attach 2 recent photos, one headshot and the other in costume.  
Mail to the address above.**

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent's work #: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to reach you: \_\_\_\_\_

Do you wear braces on your teeth or plan to have them put on? \_\_\_\_\_ If so, when? \_\_\_\_\_

What dance school do you attend? \_\_\_\_\_

Location: \_\_\_\_\_ How many years? \_\_\_\_\_

What kind of dance do you study? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ website \_\_\_\_\_ teacher/dance school  
\_\_\_\_\_ online ad \_\_\_\_\_ other (please specify) \_\_\_\_\_

I grant permission for Costume Gallery to use my photos in whole, or in part, in its catalog, advertising or internet ads, and/or websites for an undetermined period of time. By signing below I acknowledge that any photographs taken by Costume Gallery becomes sole property of that company and may be shared with other dance related companies to be used in their advertising. If I do appear in the catalog, I agree not to model for other dance costume companies for the year the photos appear in the Costume Gallery catalog.

Model signature if over 18 years old \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Gaurdian if under 18 years old \_\_\_\_\_ DATE \_\_\_\_\_