

MODEL APPLICATION

Date:	Date of	Date of Birth:		_ Age:	
Model's Name:					
		(CITY)	(STATE)	(ZIP CODE)	
Phone #:		Parent's Phone #:			
Email:		Parent's Email:			
What dance scho	ol do you attend?				
Location:					
		l years of training:			
Sizing Informatio	n				
Height:	Weight:	Shoe Size:	Inseam:		
Bust/Chest:	Waist:	Hips:	Girth:		
Model Signature	if over 18 years old:_	Date:			
Parent/Guardian i	if under 18 vears old:	Date:			

Please send 2-3 recent color photos wearing dance attire. Include one full-length dance pose and one headshot. Professional photos are not necessary. **Photos will not be returned.** Due to the large number of submissions, we will ONLY be notifying models that are selected to appear in our catalogs.

Please note: This is only an application for becoming a model - it is NOT a contract. Every application is thoroughly reviewed before any decisions are made. A representative from Costume Gallery + Art Stone will contact you if we are interested in interviewing this person to become a model. At that time, should an agreement be made, a separate legal contract outlining all the provisions and requirements will be proffered and become binding upon all parties signing.

Please direct all inquiries by mail or email to:

Costume Gallery + Art Stone

Grundy Commons • 925 Canal Street • Building 3, Floor 7 • Bristol, PA 19007

EMAIL: models@costumegallery.net ATTN: Model Application