

# Child Model Casting Application Form

Child's Full Name

Date of Birth

Gender

Height (cm)

Weight (kg)

Eye Color

Hair Color

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

Address

City

State

Zip Code

Previous Modeling/Acting Experience

Special Talents/Skills

Upload Recent Photo (JPG/PNG) 

Choose File

No file selected

☐ I agree to the terms and conditions.