

Freelance Model Casting Application Form

Full Name

Email Address

Phone Number

Date of Birth

Gender

Height (cm)

Bust/Chest (cm)

Waist (cm)

Hips (cm)

Shoe Size

Hair Color

Eye Color

City/Location

Nationality

Previous Experience

Portfolio/Instagram/Website Link

Upload Recent Photos

Choose File

No file selected



I agree to the processing of my data for casting purposes.