

2014 HAIRSTON-GALLANT FASHION SHOW FORM

MODEL CONTACT INFORMATION

Name:

Cell Phone:

Alt phone:

Email address:

Male Female Child Senior

Age:

Primary Contact Person: Adult or Family Member (if minor)

Model

Name of contact person if minor:

GARMENT DETAILS

Business wear Casual Dressy Formal Sporty Mature Young

Outfit Description:

Accessories/Shoes:

IF YOU ARE MODELING WITH SOMEONE PLEASE PROVIDE THEIR NAME(S):

Name (s):

Additional Name (s):

ADDITIONAL INFORMATION

INSPIRATION FOR THE OUTFIT SELECTION- ETC.:

Would you be able to participate in a practice run on Friday evening or Saturday morning (Time TBD- Practice Subject to Change): Please state preference below:

THANK YOU FOR YOUR PARTICIPATION!!!

IN AN EFFORT TO ENSURE WE ARE PROPERLY PREPARED WE ASK THAT YOU SUBMIT YOUR FORM IN ADVANCE

YOU MAY EMAIL THIS FORM TO CASSANDRACALHOUN@YAHOO.COM

OR

MAIL TO: CASSANDRA CALHOUN 6540 CAPITOL KNOLL, FAIRBURN, GA 30213