



Chaotic Fantasy

C/O Cherrell Stevenson
1467 Onondago Ave.
Akron, Ohio 44305
(330) 564 – 5385

MODEL APPLICATION / RELEASE FORM

This application is intended only to obtain information necessary for your placement in the proper modeling assignments. This application is confidential and no information will be released without your authorization. Please answer all questions as completely as possible. While this application is not a guarantee, your answers will help us in answering questions on your modeling intends that will best suited for you.

LEGAL NAME: _____
(First, Middle, Last)

NICKNAME (if any): _____

ADDRESS: _____ APT NO: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ <PHONE: _____

E-MAIL: _____

DOB: _____

DO YOU HAVE ANY HISTORY WITH TEAM CHAOTIC OR ANY OF ITS MEMBERS? YES () NO ()

STATUS: MARRIED () SINGLE () DIVORCED ()

NATIONALITY/RACE: _____

HEIGHT: _____ WEIGHT: _____ BUST: _____ WAIST: _____ HIPS: _____

SKIN COLOR: LIGHT () MEDIUM () OLIVE () BROWN () BLACK ()

EYE COLOR: _____ HAIR COLOR: _____ HAIR STYLE: _____

CLOTHING SIZES: DRESS _____ BLOUSE _____ PANTS _____ SHOES _____

SCARS/BLEMISHES/TATOOS OR ANY OTHER IDENTIFYING MARKS: _____

ARE YOU CURRENTLY EMPLOYED: YES () NO () IF YES, WHAT IS YOUR AVAILABILITY:

MON TUE WED THUR FRI SAT SUN

ARE YOU AVAILABLE FOR 3DAY TRIPS? YES () NO () (USUALLY ON WEEKENDS)

DO YOU HAVE YOUR OWN TRANSPORTATION? YES () NO ()

HOW FAR WILL YOU TRAVEL (ONE WAY) IN ORDER TO MODEL? _____

HOBBIES AND INTERESTS: _____

MODELING EXPERIENCE:

NONE () BEGINNER () INTERMEDIATE () ADVANCED () PROFESSIONAL ()

(**PLEASE LIST ANY MODELING EXPERIENCE**)

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www.teamchaoticracing.com/ChaoticFantasy

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Please indicate the following types of modeling assignments you would be willing to accept by checking the appropriate box.

YES	MAYBE	NO	<u>TYPES OF MODELING:</u>	YES	MAYBE	NO	<u>TYPES OF MODELING:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FASHION WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNWAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAUSAL WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPORT/FITNESS WEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWIMWEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINGERIE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WET T-SHIRT/SHEER/SEE-THRU CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRINT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEMINUDES (Topless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NUDE (PLAYBOY STYLE GLAMOUR)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EROTIC NUDES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARTISTIC/FIGURE NUDES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAGAZINE WORK Layout w/Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARTS MODELING

NOTE: Please bring a snapshot of yourself when you return this application.

COMPENSATION EXPECTED: NEGOTIABLE PHOTOS PAY BOTH

I certify that the information is true and correct to the best of my knowledge.

MODEL'S Signature _____ Date _____

Model/Photo Release

I, _____ (Model or Parent/Guardian if under 18), Do hereby give **Chaotic Fantasy**® the irrevocable right to use the photograph(s) of _____ (Model) for self-promotion, sale, advertisement, competition, representation, or display in print and/or electronic media. I understand that by giving permission to **Chaotic Fantasy**®, I do hereby relinquish all rights to the photograph(s). Copyright and ownership belongs to **Chaotic Fantasy**® to publish or utilize the photograph(s) as they see fit.

MODEL'S Signature _____ Date _____

Chaotic Fantasy © Manager: _____ Date _____

Team Chaotic © CEO: _____ Date _____

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