

**Maverick Media & Lima Mall**

**2008**

**John Casablanca Modeling Competition Registration Form**

**Deadline: August 1st, 2008**

_____	_____	_____	_____
<b>First Name</b>	<b>Midle Initial</b>	<b>Last Name</b>	<b>Age</b>
_____	_____	_____	_____
<b>Date of Birth</b>		<b>Gender</b>	
_____	_____	_____	_____
<b>Height</b>	<b>Weight</b>	<b>Pant Size</b>	<b>Shirt Size</b>
_____	_____	_____	_____
<b>Street Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Home Phone</b>	<b>Email Address</b>		
_____	_____		
<b>School</b>			
_____			

**Emergency Contact**

\_\_\_\_\_

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Have you ever modeled before? (If yes, please explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am a good candidate for the John Casablanca Modeling & Career Center because....**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Extra Curricular Activities & Hobbies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please also include a recent photograph. (Photographs may not be returned)**

**Note: Models must not be in a contract for modeling services or under contract with a manager or talent agent. If model is under 18, model must also fill out a parental consent form.**

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**John Casablanca Modeling Competition Parental Consent Form**

**Deadline: August 1st, 2008**

If under 18 years of age please complete the following with your parent or guardian

I, \_\_\_\_\_ give my consent for  
\_\_\_\_\_ to participate in the Lima Mall Back to School  
Expo, Fashion Show & John Casablanca Model Search held on August 9th, 2008, which includes  
fitting prior to the show, and rehearsals.

In case of injury or illness occurring to the above participant, attempts should be made to contact  
me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (phone). In the event that reasonable attempts to  
contact me are unsuccessful, I hereby give my consent for the administration of any treatment  
deemed necessary by Dr. \_\_\_\_\_ (preferred physician) who can be reached at  
\_\_\_\_\_ (phone) or by Dr. \_\_\_\_\_ (preferred dentist) who can be  
reached at \_\_\_\_\_ (phone), or in the event the designated practitioner is not available, by  
another licensed physician or dentist, or by any hospital reasonable accessible.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any allergies or disabilities: