

Tim Johnson **BOOKING FORM**
PRODUCTIONS

I AM AUDITIONING FOR? Please select of the following:

Kidd Model ___ Teen (12-17) ___ Plus Size female ___ Adult Female ___ Petite Female ___ Adult Male ___ Male Body Model

Age: ___

First Name: _____ Last Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Parent/Guardian: _____ Email address: _____

Height: ___ Weight: ___ Waist: ___ Shoe Size: ___ Dress Size: ___ Suit Size: ___ Shirt Size: ___

Personal Information

Do you have any visible scars, blemishes or tattoos? Yes ___ No ___

(If yes please give a description and loction). _____

Do you have previous Modeling Experience? Yes ___ No ___

If yes, then explain _____

This application requires the submission of one (1) head shot and one (1) full body shot. These photographs will not be returned. They will only be used to for the purposes of this audition and will not be distributed or used in any publications or advertisements of Tim Johnson Production company or any of its affiliates. By signing this form I agree to all rules and confidentiality of The Women's Empowerment Show Audition and Tim Johnson Productions.

Signature

OFFICE USE ONLY

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