REGISTRATION FORM





Catwalk training date 25 N		
Model Full name:	Instagram:	
	Other Socials:	
PERSONAL I	NFORMATION	
Height /Clothing size]
Hip/Waist/Bust/ Chest/Cupsize		
Date of birth	D D M M Y Y	
Email / Phone nr]
Gender	Male Female X	
Origin]
Hair / Eye Color]
Address / Country		
City		<u></u>

MODEL AGREEMENT RELEASE FORM CASTING /SHOW PICTURES

"I, ______ (Model Name), hereby give permission to Diversity Fashion Week Foundation (DFW) and Photographer to take pictures which will be used for evaluation/social media.

MODEL Signature_____