



MODEL CASTING FORM

EVENT: _____

DATE OF CASTING: _____

DATE OF EVENT: _____

CONTACT DETAILS

Name: _____

Male/Female: _____

Age: _____

Address: _____

Primary Contact No.: _____

Secondary Contact No.: _____

Email Address: _____

PERSONAL DETAILS

D.O.B.: _____

Hair Type: _____

Height: _____

Dress Size: _____

Waist Size: _____

Bra Size: _____

Shoe Size: _____

Eye Colour: _____

OPEN FOR CHANGE OF COLOUR
NOTE - This guide will be used by the Colourist to gauge the Models willingness for change COLOURING

SCALE 1 = No 10 = Anything Goes									
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE OF LAST COLOUR

DATE OF SKIN TEST

OPEN FOR CHANGE OF CUT
NOTE - This guide will be used by the Stylist to gauge the Models willingness for change OF STYLE

SCALE 1 = Trim 10 = Anything Goes									
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

NOTE: All information provided will be treated with the strictest competition. All members of the www.hairclublive.com team are bound by confidentiality therefore all models providing information as above are guaranteed that information will stay Private & Confidential.

HairClubLive Limited
14 - 14a Whitehills
Kingsthorpe
Northampton NN2 8EP

Tel : 020 7193 3001