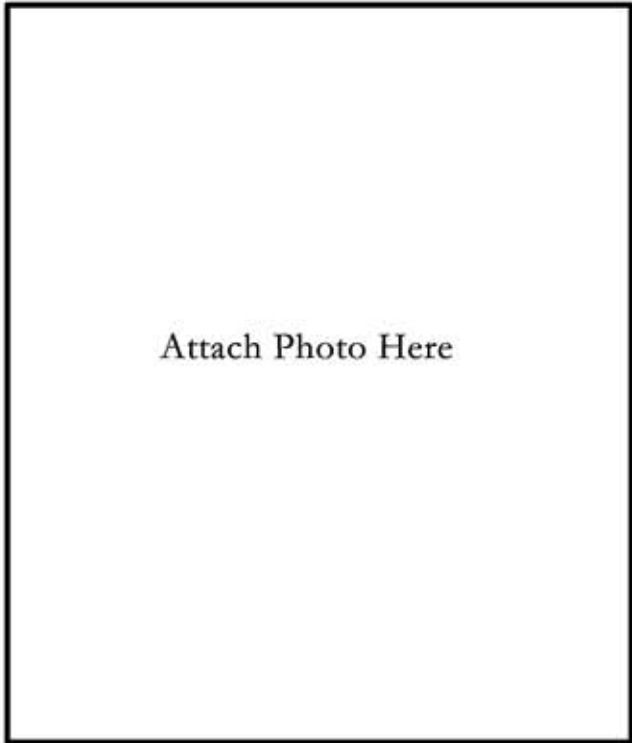


New England School of Photography
Model Information Form



Name: _____

Home#: _____

Cell#: _____

Email: _____

Mailing Address : _____

Date of Birth (MM/DD/YYYY) : _____

*Models under 18 must be accompanied by a parent or legal guardian

Height: _____

Eye Color: _____

Hair Color: _____

Build: (Circle One)

Slim Athletic Medium Large

Days and Hours You are Available:

Weekdays(M-F): _____

Weeknights(M-F): _____

Weekends(Sat & Sun): _____

Do you have any previous modelling experience? (Circle) Yes No

If yes, please explain: _____

What type of modelling are you interested in? (Ex: Fashion, Portraits, Creative, etc):

Do you have a specific style or look you would like featured in your photographs:

Please List any hobbies or interests you like portrayed in your photographs:

Do you want to be added to the Email Blasts List: Yes No

*If you pick No, then you will only be contacted by students for assignments, not in-class shoots at the school.

Please Return Form To: Model Coordinator, 537 Commonwealth Avenue, Boston, MA 02215