



Gloria Eterna

Minor Model Application

Name:		Phone:		Cell:			
Address:			Email:				
Date of Birth: (mm/dd/yyyy)		Height:	Hair Color:	Eye Color			
How did you hear about APT?		Sizes:					
As an APT Model I am willing to model... (put a "X" in the box)							
<input type="checkbox"/>	Session Model	<input type="checkbox"/>	Advertisements	<input type="checkbox"/>	Landscape Enhancement	<input type="checkbox"/>	Promotions
<input type="checkbox"/>	Event Model	<input type="checkbox"/>	Promotional	<input type="checkbox"/>	Sports	<input type="checkbox"/>	
<input type="checkbox"/>	Stock Photography	<input type="checkbox"/>	Artistic	<input type="checkbox"/>	Costume	<input type="checkbox"/>	
<input type="checkbox"/>	Portrait	<input type="checkbox"/>	Lifestyle	<input type="checkbox"/>	Role Play	<input type="checkbox"/>	
<input type="checkbox"/>	Competition	<input type="checkbox"/>	Medical	<input type="checkbox"/>	In Acting Roles	<input type="checkbox"/>	
<input type="checkbox"/>	Projects	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Sleepwear	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Parent Contact Information (Address:Phone)							
Signature:				Date:			
Parent or Guardian Signature:				Date:			

Jim Bunker
 262-914-5052
 2121 21st St.
 Kenosha WI 53140
www.legioXstudios.com