

Talent Information Form

Screen Name (stage name/nickname/industry name)	Gender	Male	Female
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
First Name	Last Name		
<input type="text"/>	<input type="text"/>		
Street Address			
<input type="text"/>			
City/County/Settlement	Island/State/ZipCode		
<input type="text"/>	<input type="text"/>		
Country	<input type="text"/>		
Home Phone	Mobile		
<input type="text"/>	<input type="text"/>		

Email Address									
<input type="text"/>									
Talent									
<input type="text"/>									
Birth Date (mm/dd/yyyy)	Hair		Black	Brown	Brunette	Blonde	Red		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<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"/>
Skin Complexion	Black	Brown	Lt. Brown	Caucasian	Light	Olive	Tan		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eyes	Black	Brown	Lt. Brown	Blue	Green	Gray			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Height	Weight	Waist	Hips	Thighs					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Forearm	Bust	Wrist	Shoe	Dress					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Collar	Shoe								
<input type="text"/>	<input type="text"/>								
Emergency Contact	Emergency Contact's Phone								
<input type="text"/>	<input type="text"/>				<input type="text"/>				
Agree to Publish Photos Online	<input type="checkbox"/>	Agree to form submission online			<input type="checkbox"/>				
Signature	<input type="text"/>			Date	<input type="text"/>				