

Model Registration Form JCCA-US Fashion Show

94000 Fair green Ln Philadelphia, PA 19114

Tel. (267)-738-2563

Email: dhnukeh2@yahoo.com

www.jccaus.org

Date: _____

Organization Name: _____

Model/Contact Name: _____

Parent email (if under 18) _____

Branch Represented: _____

Street Address: _____

City: _____, State: _____, Zip Code: _____

Your Email (if any) _____

Organization Website: _____

Phone: Work: _____, Cell: _____

Home: _____

Gender: Marriage (Yes) (No), Single (Yes) (No), Student (Yes) (No)

I will be bringing my own clothing (Yes) (No) Clothing Size _____

Area(s) of Participation:

Check the area(s) in which you or your Organization request to participate:

A. Performer, **B.** JCCA-US Fashion Show Model, **C.** Seamstress/Tailors

What Activities will you provide: _____

Special Requirements: _____

Participant Initials: _____

A Complete registration will include the following:

Age: 15 – 70

Fees: \$ 25.00 Model, Check payable to JCCA-US with Model’s name in Memo line.

Registration fees are considered as a donation and are non-refundable.

Participants can choose to provide all materials during entire duration of show. Please indicate in special requirements.

REGISTRATION FORM – is restricted and should be given only by each contestant with corresponding form number and must pay with initial amount of \$ 25.00/entry upon signing.

Participant Initials

Model registration forms will be accepted in the order they are received. All shows may be filled before June 20, 2015. Model registration forms may also be downloaded from our website.

If you have any question contact: Deborah Harris and Dorcas Nauhn:

(267)-738-2563 or Email: dhukah2@yahoo.com

Adult Signature : _____ **Date:** _____

(Under 18) Parent/Guardian Signature: _____ **Date:** _____

Below For Office Use Only:

Pay Check #: _____, **Cash \$**_____ **Amount \$** _____ **Date:** _____