

Fusion Management Group, Ltd.

Adult Application Form

Talent's Name: _____ Date: _____
Date of Birth: _____ Social Security #: _____

Local Mailing Address:

PO Box/Street: _____
City/State: _____
Zip/Postal Code: _____

Permanent Mailing Address (if different):

PO Box/Street: _____
City/State: _____
Zip/Postal Code: _____

Contact Numbers:

Phone: (____) _____ Fax: (____) _____
Mobil: (____) _____ Pager: (____) _____
Work: (____) _____ Email: _____

Talent's Stats:

Height: _____
Weight: _____
Hair Color: _____
Eye Color: _____

Talent's Sizes:

Men ~
Shirt (neck/sleeve): _____
Pant (waist/inseam): _____
Chest: _____
Jacket: _____
Shoe: _____

Women ~
Shirt: _____
Bust: _____
Waist/Hip: _____
Pant: _____
Dress: _____
Shoe: _____

How did you hear of FUSION Management Group? _____

Do you have a specific field of interest? _____

Thank You!