

MARS Model Application

Name _____

Address _____

cell phone number _____

Emergency contact and phone # _____

e-mail _____

female male height weight hair-- color length

dress size _____ suit jacket size _____ pant size _____

Age _____ Birth date _____

***Must attach copy of drivers license*

If family, please include first names and ages of all children

1) _____ 2) _____ 3) _____

Referred by _____

Check days you are available during the school week

Monday

Tuesday

Wednesday

Thursday

Signature _____ Date _____

Please mail completed form to:

Model Committee 404 Bethian Trail Severna Park, MD 21146

OR

email completed form to: modelcommittee@marsschool.com

SUBJECT: MARS Model Application