

Artist/Talent/Entertainer Submission Form

Name: (Artist/Group/Talent/Stage Name)		Last Name, First Name Middle Name		
Address:	Home phone	Mobile phone	Age:	DOB: (mm/dd/yy)
City	State	Zip		
Music	Fashion	Entertainment		
<input type="checkbox"/> R&B	<input type="checkbox"/> Runway	<input type="checkbox"/> Acting		
<input type="checkbox"/> Hip-Hop/Rap	<input type="checkbox"/> Editorial	<input type="checkbox"/> Comedy	E-mail	
<input type="checkbox"/> Soul	<input type="checkbox"/> Commercial	<input type="checkbox"/> Choreography		
<input type="checkbox"/> Pop	<input type="checkbox"/> Promotional	<input type="checkbox"/> Musician		
<input type="checkbox"/> Jazz	<input type="checkbox"/> Designer	<input type="checkbox"/> Writer	Web site	
<input type="checkbox"/> Gospel	<input type="checkbox"/> Stylist	<input type="checkbox"/> Producer		

Items check list (Check all that apply):
 Photos Composite Card Portfolio Demo CD/DVD Video Resume

Biography: