

Fashion Show Participant Registration Form



Participant Name:				_
Address:				
City:	St:		Zip:	
Phone:	Email:			_
Age: Gender: _	T-shi	rt size:		_
Legal Guardian Name	::			_
Checks payable to	00 (non Refundable) Report - TrendSetters Productions Pal.Me/TSP217 : Cast	tions : Cash		
Please Explain	The Special Need	s of the	Participant Below:	
Will you be accompar	nying your child?	Y/N	If no, who will?	
Print Name				
Sign Name				
 Date				