

# SPARTACUS™ Model Application

Real Name : \_\_\_\_\_

Model Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Address : \_\_\_\_\_

E-mail : \_\_\_\_\_

Age : \_\_\_\_\_

Hair Length & Color : \_\_\_\_\_

Eye Color : \_\_\_\_\_

Height : \_\_\_\_\_

Weight : \_\_\_\_\_

Tattoos / Piercings / other body modifications : \_\_\_\_\_

Scars / Birthmarks / Stretch marks : \_\_\_\_\_

Comments: \_\_\_\_\_

“ I am open to modeling...”

- Nude
- Partly Nude
- Lingerie

I hereby confirm that all the information on this form is true

X \_\_\_\_\_  
*sign and date*

Please complete form, sign and fax to 971.925.1351 or email to [carmel@spartacusleathers.com](mailto:carmel@spartacusleathers.com)