



## 2019 MODEL APPLICATION

### Model Requirements: Attend All Fashion Show Rehearsals (3 to 4)

PLEASE PRINT CLEARLY OR TYPE THE FOLLOWING INFORMATION ON THIS FORM

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #'s: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of years (if Married): \_\_\_\_\_ Spouse or Partner (Name): \_\_\_\_\_

Children - Names & Ages of each: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies/Likes/Pets/Etc: \_\_\_\_\_

Month/Year of Diagnosis: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

What type of cancer (diagnosis): \_\_\_\_\_

How & when (month & year) did you find your breast cancer (self-exam, routine yearly exam, mammogram, ultrasound, biopsy, etc)? \_\_\_\_\_

What type of surgery did you have (if any)? \_\_\_\_\_

Did you have chemotherapy and/or radiation? If yes, please describe: \_\_\_\_\_

Have you had reconstruction? If yes, what type and when (Month/Year)? \_\_\_\_\_

Do you have a family history of breast cancer? If yes, who? \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Dress Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

How many years have you been a survivor (AT TIME OF THE EVENT): \_\_\_\_\_

**PLEASE SCAN AND E-MAIL THIS FORM TO EITHER:**

Maureen Flanagan

moezfo27@aol.com

Cell: 305-479-4270

Eileen Lopez Tomé

elopeztome69@gmail.com

Cell: 305-951-9365