PhillyFaces.com
Web Site Application Form

Church Street Studios LLC
122 Church Street. Philadelphia, PA 19106
phone: 215-627-2420 fax: 215-627-9720
mail@PhillyFaces.com

Your full name: _____

Address: street _____ city _____ state zip _____

Phone Numbers: home _____ work _____ cell _____

E-mail Address: _____

How do you want to be listed? Check One Actor ☐ Model ☐ Actor & Model ☐

Your name exactly as you want it on www.phillyfaces.com (please print) _____

Check appropriate box and add up the total cost:

☐ basic listing as **either** actor **or** model (includes one photo, contact info, & stats) $ *29, plus subscription $3/month** ..... $_____

☐ basic listing as **both** actor **and** model (includes two basic listings) $ *49, plus subscription $4/month** ..... $_____

☐ Resume, (disc or e-mailed to **mail@phillyfaces.com**) $35, add scan fee if supplied typewritten ..... $_____

☐ Additional photos @ $25 first additional photo, and $15 each for more. Write in number of additional photos ____ and add cost. $_____

☐ Scan fees (if images not supplied digitally) $ *10* per scan ..... $_____

☐ Video Clip On-Line $ 195, including video shoot ..... $_____

(Make Check Payable to PhillyFaces.com) **Total >>>>>>>>** $_____

ACTORS

Information for your ACTOR web page:

If you are represented by an agency or manager:

Name of your agency/manager: _____

Phone number of your agency/manager: _____

E-mail address of your agency/manager: _____

If you are an independent:

Your phone number: _____

Your e-mail address: _____

Union Status: ☐ I am Non-Union ☐ I am a member of the following union/unions: _____

☐ *Selected Photo(s) to display on my web page from my Church Street Studios proof sheets:*

Letter / Number of photo(s): _____ (photo 1) _____ (photo 2) _____ (photo 3) _____ (photo 4) Please select photo for me. ☐

☐ *Selected Photo(s) to display on my web page from other source: (explain)* _____

ACTOR STATS

Women		Men	
Height:		Height:	
Hair:		Hair:	
Eyes:		Eyes:	
Dress:		Suit::	

STATS FOR KIDS

Children	
Height:	
D.O.B. (date of birth)	
Size:	
Shoe:	
Hair:	
Eyes:	

MODELS

Information for your MODEL web page:

If you are represented by an agency or manager:

Name of your agency/manager: _____

Phone number of your agency/manager: _____

E-mail address of your agency/manager: _____

If you are an independent:

Your phone number: _____

Your e-mail address: _____

Union Status: ☐ I am Non-Union ☐ I am a member of the following union/unions: _____

☐ *Selected Photo(s) to display on my web page from my Church Street Studios proof sheets:*

Letter / Number of photo(s): _____ (photo 1) _____ (photo 2) _____ (photo 3) _____ (photo 4) Please select photo for me. ☐

☐ *Selected Photo(s) to display on my web page from other source: (explain)* _____

MODEL STATS

Women		Men	
Height:		Height:	
Hair:		Hair:	
Eyes:		Eyes:	
Bust:		Shirt:	
Waist:		Waist:	
Hips:		Inseam:	
Dress:		Suit:	
Shoe:		Shoe:	

By filling out this application, I give Church Street Studios, LLC and its affiliates ("CSS") the right and permission to create and publish a web page with my name, my photo(s), and other information provided on or in connection with this application, and also to display that web page on the phillyface.com web site and any successor or related web sites. I agree to release, indemnify and hold harmless CSS from any claims, loss or liability whatsoever in connection with my web page or this application. (Please check your information; revisions incur additional charges.) *Form 080927*

** subscription fees paid quarterly - see more info at www.PhillyFaces.com*

Your signature: _____ Date: _____