

## Model Info Sheet

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

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

Picture: \_\_\_\_\_

Disability: \_\_\_\_\_

Email: \_\_\_\_\_

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

Tell us about yourself: \_\_\_\_\_

What your fashion sense/style is like: \_\_\_\_\_

Comments/Questions: \_\_\_\_\_

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Please email this document filled out with a picture either on the form or as a separate attachment to [runwayofdreamstexas@gmail.com](mailto:runwayofdreamstexas@gmail.com) :)

Thank you so much! We look forward to meeting you!

-Runway of Dreams at UT Austin Team

**RUNWAY**  
OF DREAMS™  
**FOUNDATION**