

Children's Medical Fund  
& Lester's Present



A Celebration of 60 Years of Fashion

# Model Application Form

Wednesday, October 22, 2008

OFFICIAL ENTRY FORM

Please complete the following information in-full, and submit  
for a chance to model in the fashion show!

Must be available October 21<sup>st</sup> at 6PM for rehearsal.

All ages welcome – Even Mom's

First/Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Ph. \_\_\_\_\_ Eve. Ph. \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Top Size: \_\_\_\_\_ Bottom Size: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

**Names will be randomly drawn by CMF**

Admission for fashion show is \$150 per adult \$75 per child, models are free.

For further information please contact Wendy Talerman at  
[wtalerman@cmfny.org](mailto:wtalerman@cmfny.org) /516 352-3344

*All proceeds to benefit a dedicated Pediatric Emergency Department at  
Schneider Children's Hospital of the North Shore-Long Island Jewish Health System*