



THE
RICHMOND
NATIVITY
PAGEANT

RICHMOND NATIVITY PAGEANT CAST PARTICIPATION FORM

Please complete the information on this form for each cast member. Please do not say "same as last year". Measurements are essential and must be up to date. Thank you!

Mail to: Richmond Nativity Pageant, P.O.Box 6267 Richmond,VA
23230-0267

Name: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Measurement (in inches) from Nape of neck to the
floor: _____

Year of birth: _____

Gender: Male or Female

Have you participated in the past?: Yes or No