



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