CERVIXEN

Adult Performer Contact Details Form

Personal Information

- Stage Name:
- Legal Name (Optional):
- Date of Birth:
- Gender/Pronouns:

Contact Information

- Primary Email Address:
- Phone Number:
- Preferred Method of Contact:

EmailPhone CallText Message

Social Media and Platforms

(List any professional accounts you use for work)

- Instagram:
- Twitter/X:
- OnlyFans/Fan Platforms:
- Other Platforms:

Booking Information

Available for Bookings:

Live Performances
Video Shoots
Online Content
Other:

- Availability (days/hours):
- Location (City/County):
- Willing to Travel?

o Yes

Payment Details

(Optional, depending on direct payment needs)

• Preferred Payment Method:

0	Cash
0	Bank Transfer
0	Other:

Additional Information

• Specific Skills or Specialties:

• Allergies/Medical Conditions (if relevant for shoots):

• Notes or Special Requests:

Consent and Privacy

• I agree to have my contact information stored and used for professional communication purposes only.

Signature: ______
Date: _____

This form balances professionalism with privacy, ensuring relevant details are gathered without overstepping boundaries. Let me know if you'd like any adjustments!