

AUDITION FORM

DATE:				
Please attach a recent photo of yourself here				
*Required				

CONTACT INFORMATION	ON								
Name:									
Gender:	DOB:	DOB:		Residing Village:					
Phone Number:	·	Alt		Number:					
Mailing Address:									
E-mail Address:									
Instagram:			Twitter:						
Employer:									
Emergency Contact Person	n:								
Relationship:		Emergency Co			et Number:				
MEASUREMENTS									
Height:			Shirt Size:						
Weight:	lbs.		Pants Size (waist): in.						
			Pants Size (length: in.						
			Shoe Size	:					
CASTING INFORMATIO	ON								
List role(s) you are interest	ted in:								
Mark (X) for the following	g:								
Will you consider another r	ole?			Yes		No			



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Would you like to play an extra?		Yes	No
List any talents (e.g. singing, dancing, playing an instrume	nt, etc.), acting ex	perience or a	ccolades:
Do you have any physical limitations?			No
Do you have any physical limitations?			No
If yes, please specify:			
PRINCIPAL PHOTOGRAPHY			
The company may be contacting you if a project ar	ises,	Yes	No
If called upon, would you be interested in a role?			
Are you willing to return for a second audition if nee	Yes	No	
Please list down your availability:			
	2 WED =	5111100 5	:DI 0.4T
SUN MON TUES	S WED T	THURS F	RI SAT
AM			
PM			
*Indicate what time you are available fro	om AM - PM. If yo	ou are free the	entire entire
day, please indicate it with an (X)			
Other:			
Please elaborate on your consistent commitments:			
I agree that the information I have provided agree to give permission to record my imag			
copies thereof and all rights therein shall be	e the sole, exc	clusive prop	erty of the casting
directors and production company.			
Name:			
Signature:	D	ate:	
Name of parent/guardian (if applicant is under 18):			
Signature of parent/guardian:	D	ate:	