

Prod.

Date

## CASTING INFORMATION

NAME:			
HOME ADDRESS:			
CITY:		ZIP:	
AGENT:			
AGENT PHONE:			
HOME PHONE:			
SOCIAL SECURITY NO.:			
WORK PERMIT EXPIRES:			
SAG		AFM	
AFTRA		AGVA	
AEA		SEG	

AGE	HEIGHT	HAIR	EYES		
WEIGHT	BIRTH DATE (if under 18)				
MEASUREMENTS					
SUIT		DRESS		SHIRT	
WAIST		INSEAM		SHOES	
PANTS		HAT		GLOVES	

## FOR OFFICE USE

COMMERCIAL TITLE:	
PART PLAYED:	
SHOOT DATES:	W/P
WARDROBE:	
FITTING DATE:	