

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: