



Casting Sheet

Today's Date: _____
Name: _____
Phone:(Day) _____ (Work) _____
(Cell) _____ (Pager) _____
(Email) _____
Address: _____
City: _____
Parent Name (If you are under 18) _____
Parent's Phone: _____
Date of Birth: MM / DD / YY
Age: _____
How did you hear about us? _____

Availability

Days: _____
Nights: _____
Weekends: _____

Specifics

Height: _____ Bust/Chest _____
Weight: _____ Neck: _____ Sleeve: _____
Eye Color: _____ Store Jacket Size _____ Inseam: _____
Hair Color: _____ Waist: _____ Hips: _____
Ethnic Background: _____ Shoe Size: _____ Hat Size: _____
Male: _____ Female: _____

Wear glasses? Yes: ___ No: ___ Need Glasses to Work? Yes: ___ No: ___ Contacts? Yes: ___ No: ___
Have you worked as a model before? Yes ___ No ___ If Yes, on what? _____
Have you preformed in theatre productions? Yes: ___ No: ___ If Yes, on what? _____
Are you Employed: _____ Unemployed: _____
If currently attending school, can you work during school hours? Yes: _____ No: ___
Do you have an agent? Yes: _____ No: _____ If Yes Who: _____
Do you have any formal training? Yes: _____ No: _____ If so what type? _____

Are you an ACTRA member? Yes: _____ No: _____ ACTRA No: _____
Do you have any public related experience? Yes: ___ No: _____ If yes with what? _____
How will you travel to set? Car: _____ Other: _____
If the shoot is outside of Edmonton, are you willing to carpool? Yes: _____ No: _____
Please list any special skills: _____



Photo