



Kidz • New Faces • Young Adults

SAMPLE CASTING INFORMATION SHEET

FILL OUT ALL INFORMATION BELOW DATE _____

Name: _____ Agent: _____

Address: _____ Agent #: _____

Home #: _____ Manager: _____

Work #: _____ Manager #: _____

Service #: _____ Soc. Sec #: _____

Pager #: _____ Unions #: _____

Height: _____ Eye Color: _____

Weight: _____ Hair Color: _____

Age/Age Range: _____ Will you work as an extra?: Yes No

Contact Lenses: _____

Ear Pierced: _____

WOMEN

ï Bust _____

ï Waist _____

ï Hips _____

ï Dress _____

ï Shoe _____

ï Glove _____

MEN

ï Shirt _____

ï Waist _____

ï Neck/Sleeve _____

ï Suit _____

ï Shoe _____

ï Hat _____

ï Glove _____

