

Office use only	
I-9 / E-V:	
Work permit exp:	
Photo:	Data:



Office use only	
SSN:	
Reg. date:	
Prepared by:	

Registration form

Registration Date _____

Full Legal Name _____

If applicable, SAG-AFTRA (#: _____) SAG-AFTRA name _____

Date of birth (required only for minors) _____ (month / day / year)

Phones Cell _____ (Central Casting may call and/or text you)
Home _____

E-mail _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Parent / Legal guardian Name _____ Phone _____

Emergency contact Name _____ Phone _____

Current school grade _____ Home schooled Yes No

Appearance

Male Female

Portrayable ethnic look

Check one
May be modified by casting staff

- | | |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> African-American mixed | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Vietnamese |

Height _____ ' _____ " **Weight** _____

Eye color _____

Hair color _____

Hair length long med short