

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



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

Registration form

Registration date _____

Full legal name _____

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

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

Home _____

E-mail _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Emergency contact Name _____ Phone _____

Appearance

Portrayable gender Male Female

Height _____ ' _____ "	size	Men	size	Women
Weight _____	Coat	_____	Bra	_____
Portrayable age (6 Year range limit)	Neck	_____	Waist	_____
_____ to _____	Sleeve	_____	Hips	_____
May be modified by casting staff	Waist	_____	Dress	_____
	Inseam	_____	Pants	_____
	Shoes	_____	Shoes	_____

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 |

Eye color _____

Hair color _____

Hair length Long Med Short

Will you do nudity? Yes No Partial

Vehicles

Year _____ Make _____ Model _____ Color _____ Condition _____