



centralcasting

Central Casting Talent Onboarding Packet

Must be completed by the parent/legal guardian

Use the full legal name of the minor being onboarded, as is on their identification, on each page of the packet.

Please use blue or black ink when filling out the onboarding packet.

First name/s (as appears on the minor's identification) _____

Middle name/s (as appears on the minor's identification) _____

Last name/s (as appears on the minor's identification) _____

Social Security number _____

Date of Birth _____

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

If applicable, agency/management company _____

Parent/legal guardian name _____

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

Current school grade _____ Home schooled Yes No

E-mail _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____