“_____”

AUDITION INFORMATION FORM

DATE:_____

CONTACT INFO

NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

PRIMARY CONTACT PHONE [HOME/CELL/AGENT]:_____

ADDITIONAL PHONE:_____
SERVICE:_____

PRIMARY EMAIL:_____SECONDARY:_____

AGENT (REPRESENTATION):_____ CONTACT PHONE:_____

UNION: NONE SAG AFTRA EQUITY OTHER (BE SPECIFIC):_____

ROLE:_____

DIMENSIONS INFO

HEIGHT:_____ WEIGHT:_____ COLOR HAIR:_____ COLOR EYES:_____

SUIT/DRESS:_____ SHIRT/BLOUSE:_____
NECK:_____

SLEEVE:_____ PANTS:_____
INSEAM:_____

WAIST:_____ HAT:_____ AGE RANGE:_____

SHOE:_____

WILL YOU DO EXTRA (YES NO) AND/OR STAND-IN (YES NO) WORK?

ARE YOU CURRENTLY IN A SHOW, FILM, TV, ETC. (BE SPECIFIC):_____

REHEARSAL/PERFORMANCE INFORMATION

PLEASE LIST YOUR AVAILABILITY WITHIN THE FOLLOWING TIME FRAME <MM/DD>:_____ THRU <MM/DD>_____ . PLEASE NOTE THAT EACH ROLE IS KEY TO THE FILM AS A WHOLE. IF YOU HAVE ANY MAJOR CONFLICTS WITHIN THE PREVIOUSLY MENTIONED TIME TABLE PLEASE INDICATE THAT BELOW, FOR MORE SPACE USE OTHER SIDE.

_____PLEASE DO NOT WRITE BELOW THIS LINE_____