

CASTING SHEET

| | | | |
|-------------------|--------------------|-----------|-----------|
| Production Title: | Production Number: | Director: | Producer: |
|-------------------|--------------------|-----------|-----------|

—TALENT INFORMATION—

Name _____ D.O.B. _____

Agent _____ SAG-AFTRA, or other? _____

Phone _____ Would you be an extra? Y / N _____

Email _____

Address _____

Height _____ Chest _____ Waist _____ Hips _____

Shoe _____ Weight _____ Eye Color _____ Hair Color _____

Notes: