

# CASTING FORM TEMPLATE

## CONTACT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
GENDER: M / F    DATE OF BIRTH: \_\_\_\_\_    AGE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_    EMAIL: \_\_\_\_\_

## SIZING

HEIGHT: \_\_\_\_\_    HAIR COLOUR: \_\_\_\_\_    EYE COLOUR: \_\_\_\_\_  
SHOE SIZE: \_\_\_\_\_    PANTS SIZE: \_\_\_\_\_    TOP SIZE: \_\_\_\_\_  
DRESS SIZE: \_\_\_\_\_

## SKILLS

ACTING EXPERIENCE (IF ANY): \_\_\_\_\_  
\_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_  
\_\_\_\_\_

ADS/ FILMS/ TV SHOWS DONE IN PAST TWO YEARS (PLEASE LIST COMPANIES/ADVERTISERS HERE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*FOR INTERNAL USE: NOTES*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_