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|  | **CASTING SHEET** |

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| **Name:** | *(Insert your Headshot* *or a clear Front shot here)* |
| **Date of Birth (dd/mm/yy):**  |
| **Nationality:**  |
| **Languages:**  |
| **If Minor** (under 18 years), **Name of Parent/Guardian:** |

**PHYSICAL DESCRIPTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Height**: |  | **Hair Color:** |  | **Age Range:** |
| **Weight:** |  | **Eye Color:** |  |
| **Other Distinguishing Characteristics** *(birthmarks, tattoos etc.)*:  |

**OTHER SKILLS** (IF ANY)

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**PREVIOUS EXPERIENCE** (IF ANY)

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**CASTING NOTES** *(to be completed by TaleBox)*

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**CONTACT INFORMATION**

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| **Address:****City:** **Country:**  |
| **e-mail:**  |
| **Mobile:** **Home Tel.:**  |

*I hereby confirm that all information in this form is accurate to the best of my knowledge.*

*I hereby grant TaleBox and their representatives the right to take photographs of me and/or video me in connection with their casting / auditioning purposes.*

***Please check the box in case of approval:***

 *I authorize TaleBox to include such photographs and/or video of me for their permanent actors’ database.*

I have read and understand the above:

|  |  |
| --- | --- |
| Date: |  |
| Signature:  |  |
| Printed name: |  |
| *(If under 18 years)*Signature, parent/guardian: |  |