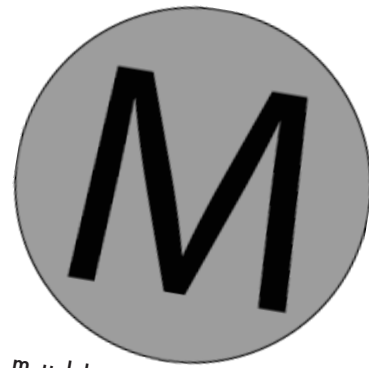


Check this box ONLY if you are UNWILLING to work as an EXTRA

**It is very important that you complete all of the sections of this sheet!**



*m u l l e n c a s t i n g*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Agency Name \_\_\_\_\_

email \_\_\_\_\_

DOB (minors) \_\_\_\_\_

Age Range \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

Ethnicity \_\_\_\_\_

**FEMALE SIZES**

Dress \_\_\_\_\_

Blouse \_\_\_\_\_

Pant/Skirt \_\_\_\_\_

Bust \_\_\_\_\_

Waist \_\_\_\_\_

Shoe \_\_\_\_\_

**MALE SIZES**

Shirt: Neck \_\_\_\_\_ Sleeve \_\_\_\_\_

Pants: Waist \_\_\_\_\_ Inseam \_\_\_\_\_

Jacket \_\_\_\_\_

Shoe \_\_\_\_\_

Hat \_\_\_\_\_

OFFICE USE ONLY