

Date \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ SSN \_\_\_\_\_

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

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Work \_\_\_\_\_

Dad's Work \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Dad's Cell \_\_\_\_\_ Other \_\_\_\_\_

Fax \_\_\_\_\_ Pager \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Girls: bust \_\_\_\_\_ Boys shirt size \_\_\_\_\_

waist \_\_\_\_\_ pants size \_\_\_\_\_

Weight \_\_\_\_\_ hips \_\_\_\_\_ shoe size \_\_\_\_\_

pants size \_\_\_\_\_

Hair \_\_\_\_\_ dress size \_\_\_\_\_

shoe size \_\_\_\_\_

Eyes \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Can you see without them? \_\_\_\_\_

Do you wear braces? \_\_\_\_\_ Approx. removal date \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Is your school and schedule flexible? \_\_\_\_\_

List any musical instruments you play & for how long? \_\_\_\_\_

Do you sing? \_\_\_\_\_ If so, list experience / training \_\_\_\_\_

Do you dance? If so, what type of dance & for how long? \_\_\_\_\_

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Do you play any sports? If so, please list & for how long you have played each?

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**ACTING INFORMATION:** (please attach an actors resume)

**SAG member** \_\_\_\_\_ **SAG eligible** \_\_\_\_\_

**Any reading disabilities?** \_\_\_\_\_

**Do you have good memorization skills?** \_\_\_\_\_

**Have your read from a teleprompter?** \_\_\_\_\_

**If so, when?** \_\_\_\_\_

**Do you speak any foreign languages?** \_\_\_\_\_

**Are you fluent?** \_\_\_\_\_