



RHODE ISLAND CASTING INFORMATION SHEET

PLEASE PRINT

Date: _____



NAME: _____

ADDRESS: _____

UNION AFFILIATION (SAG AFTRA OR NON UNION):

CELL #: _____

AGENT: _____

EMAIL: _____



HEIGHT:

DRESS SIZE:

SHIRT:

HAIR COLOR:

PANT:

PANT:

EYE COLOR:

BUST:

SUIT:

SHOE:

WAIST:

NECK:



ACTING EXPERIENCE: _____

SPECIAL SKILLS: _____

**IN ORDER TO BE CONSIDERED FOR WORK PLEASE MAKE SURE YOU HAVE A FREE ACCOUNT
ON AGENCY PRO. TO SIGN UP PLEASE VISIT BOSTONCASTING.COM AND CLICK THE LINK
TO TALENT APPLICATION.**