



# INFORMATION SHEET

## MARK WAHLBERG MOVIE

**\*PLEASE PRINT\***

**Date:** \_\_\_\_\_



**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**UNION AFFILIATION (SAG AFTRA OR NON UNION):**

**CELL #:** \_\_\_\_\_

\_\_\_\_\_

**AGENT:**

**EMAIL:** \_\_\_\_\_

\_\_\_\_\_



**ACTING EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_



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