

Casting Application

Union Status: Non-Union SAG AFTRA

Name: _____

Email: _____

Cell Ph: _____

Alternate Phone: _____

SS #: _____

Address: _____

Age range: _____

In case of Emergency contact: _____

Phone: _____

Desired position: _____

2nd Choice: _____

3rd Choice: _____

Are you willing to work as an Extra? Yes No

Are you available for the dates we're filming? Yes No

Please list any date conflicts you might have:

Additional comments/anything we should know?

Please attach your headshot and resume. Thank you for auditioning!