Application Form

Acting Out Casting

Name:

Address:

Postcode:

Telephone (Home):

Telephone (Mobile):

Email Address:

Date of Birth:

Car Owner:

Yes ☐ No ☐

Playing Age:

National Insurance Number:

Payment: Please tick

Bacs ☐ Cheque ☐

Measurements:

Ladies	Gentlemen
Height:	**Height:**
Bust:	**Chest:**
Hips	**Waist**
Waist	**Inside Leg:**
Dress Size:	**Collar Size:**
Shoe Size:	**Shoe Size:**
Hair Colour:	**Hair Colour:**
Eye Colour:	**Eye Colour:**

Special Skills:

Signed:

Date:

(I agree for photos to be used on website)

Acting Out Casting
Brighton Media Centre, 68 Middle Street, Brighton, East Sussex BN1 1AL