

**Motion Picture/Television**

Course Name and Number:		
Prod. #:	Production Title:	
Producer:		Director:

## CASTING SHEET

Name:			
Home Address:			
Home Telephone:			
Social Security No.:			
Agent:			
SAG		AFM	
SEG		AGVA	
AFTRA		WORK PERMIT	

---PHOTO---

<b>PHYSICAL DESCRIPTION</b>					
AGE		HEIGHT		HAIR COLOR	
AGE RANGE		WEIGHT		EYE COLOR	
OTHER DISTINGUISHING CHARACTERISTICS					

<b>WARDROBE/COSTUME INFORMATION</b>					
PANTS		SHIRT		COAT	
DRESS		SUIT		SHOES	
HAT		GLOVE			

**REMARKS**