

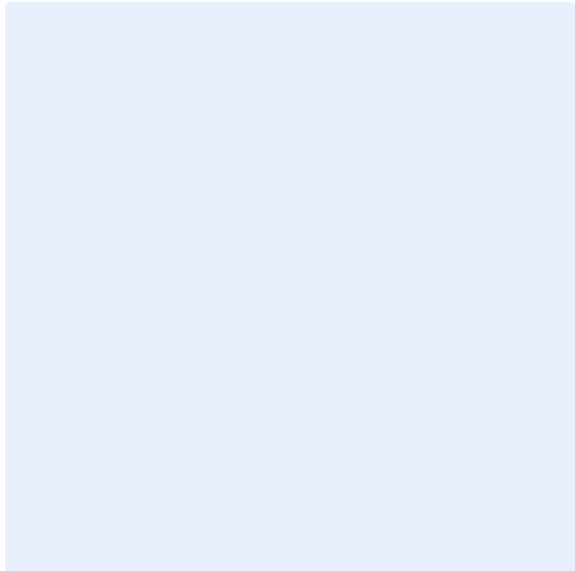
Motion Picture/Television

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

EXTRAS CASTING SHEET

Name:			
Home Address:			
Home Telephone:			
Work Telephone:			
Availability:			
Weekends			YES <input type="checkbox"/> NO <input type="checkbox"/>
Weekdays			YES <input type="checkbox"/> NO <input type="checkbox"/>

---PHOTO---



PHYSICAL DESCRIPTION

AGE		HEIGHT		HAIR COLOR	
AGE RANGE		WEIGHT		EYE COLOR	
OTHER DISTINGUISHING CHARACTERISTICS					

REMARKS