

TAKE TEN CASTING REGISTRATION FORM (12YRS AND OLDER)

CASTING#	BC	HOG	NON HOG	REG FEE		C Q I	TT
ADMIN	PHOTOS	15X20 (J)			20X30 (A4)		
NAME							
SURNAME							
DATE OF BIRTH	DAY			MONTH		YEAR	
PARENT/GUARDIAN							
ID NUMBER OF ARTIST							
PASSPORT EXPIRY DATE PARENT/GUARDIAN							
PASSPORT EXPIRY DATE CHILD							
TEL - HOME				FAX			
TEL - WORK				NAME			
FAX - WORK				NAME			
CELL NO				NAME			
ALT CELL NO				NAME			
OCCUPATION							
EMAIL ADDRESS							
HOW OFTEN DO YOU CHECK YOUR EMAIL			ONLINE 24/7	DAILY	WEEKLY	MONTHLY OR LESS	
RESIDENTIAL ADDRESS							CODE:
POSTAL ADDRESS							CODE:
Work Schedule	SELF EMPLOYED	SHIFTS		FLEXIBLE TIME		9 – 5 MONDAY TO FRIDAY	
Transport	OWN CAR	CAR AVAILABLE		LIFTS AVAILABLE		PUBLIC TRANSPORT ONLY	
Marital Status	MARRIED	DIVORCED		SINGLE		INVOLVED	
PLEASE DO NOT FILL OUT THE MEASUREMENTS IN BOLD, THEY WILL BE DONE AT THE STUDIO							
RELIGION				GENDER	MALE	FEMALE	
NATIONALITY				BUILD			
ETHNIC ORIGIN				HAIR COLOUR/TYPE			
HEIGHT				EYE COLOUR			
WEIGHT				BUST/CHEST			
SHOE SIZE				WAIST			
DRESS/PANTS				HIPS			
COLLAR (MEN ONLY)				BRA SIZE			
SUIT SIZE (MEN ONLY)				SKIN COLOUR			

TAKE TEN CASTING REGISTRATION FORM (12YRS AND OLDER)

TALENTS – Please specify talent and indicate ability with: (A) Average (G) Good (P) Professional E.G. Rugby (P)	
BALL SPORTS (Rugby/soccer/tennis etc)	
WATERSPORTS (surfing/waterpolo, etc) Please indicate if you can or cannot swim	
GYMNASTICS/AEROBICS/ATHLETICS	
WHEEL SPORTS (Rollerblading, cycling)	
OTHER (Flying, abseiling, stunts, circus work ex, juggling etc)	
DANCING (Ballroom, ballet, etc be specific)	
MUSICAL INSTRUMENTS	
VOCAL (Singing, voiceovers, opera, tenor etc). Please specify your experience	
LANGUAGES (Home language followed by any other languages spoken and your ability).	
PREVIOUS EXPERIENCE (Theatre, film)	
SCARS, TATTOOS, PIERCINGS – Please specify location, size etc of scars, tattoos etc.	
DRIVERS/FLYERS/DIVING LICENCES – Include motorcycle and truck licenses if applicable.	
HORSERIDING	
CONTORTIONIST/MAGICIAN/ARTIST/HYPNOTIST	
YOGA	
FALSE TEETH/GOLD TEETH	
GLASSES/CONTACTS	
ALLERGIES – Please specify	

BANKING DETAILS - PLEASE WRITE CLEARLY TO AVOID PAYMENT DELAYS!!	
ACCOUNT HOLDERS NAME(ARTIST)	
BANK	
BRANCH	
BRANCH CODE	
ACCOUNT NUMBER	

TAKE TEN CASTING REGISTRATION FORM (12YRS AND OLDER)

TAX ACCOUNT DETAILS FOR PAYEE *	
NAME OF TAX PAYER (ARTIST)	
TAX NUMBER	
BRANCH ADDRESS	
* ALL ARTISTS MUST HAVE A TAX NUMBER IN ORDER TO RECEIVE PAYMENT. PLEASE READ TERMS AND CONDITIONS CAREFULLY	

ARE YOU PREPARED TO DO THE FOLLOWING? PLEASE TICK WHERE APPLICABLE.

ON TIME FOR APPOINTMENT		YES	NO
Meat Products	YES	NO	
Alcohol	YES	NO	
Tobacco	YES	NO	
Swimwear	YES	NO	
Underwear	YES	NO	
Topless	YES	NO	
Nudity	YES	NO	
Appearance alterations (hair cutting/colouring, fake tan)	YES	NO	
Same sex – Hand Holding	YES	NO	
Same sex - Hugging	YES	NO	
Same sex – Kissing	YES	NO	
Opposite sex – Hand Holding	YES	NO	
Opposite sex – Hugging	YES	NO	
Opposite sex – Kissing	YES	NO	
Extra work	YES	NO	

FOR OFFICE USE ONLY!!

	AT FIRST	END SESSION
CONFIDENT		
OUTSPOKEN		
SHOW INITIATIVE		
TAKES DIRECTION		
WELL SPOKEN		
COMMENTS:		