



Casting Sheet
LAST NIGHT WITH JESSE
 16mm, 30 minutes, Drama

FAMILY NAME: _____ Address: _____ _____ Contact #: () _____ Ethnic Background: _____	GIVEN NAME: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">Year</td> <td style="width: 20px;">Month</td> <td style="width: 20px;">Day</td> </tr> </table> Age: _____ E-mail: _____ Height: _____ Weight: _____ Hair/Eye Colour: _____	Year	Month	Day
Year	Month	Day		

1. Role sought: Principal Role(s) Extra No preference
2. Are you a member of ACTRA? Yes No
3. Do you agree to volunteer your time? Yes No
4. Please indicate, with a checkmark, your availability in the table below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acting Experience

5.	From	To	Title of Production	Role	Contact

Miscellaneous

6. Are you currently a student? Yes No
7. What is your highest level of education achieved?
 High School: Gr 9 Gr 10 Gr 11 Gr 12 Diploma/GRE
 College/University: Year 1 Year 2 Year 3 Year 4
 Bachelor or Degree M.A./Ph.D.
 Name of Institution: _____ Field of Study: _____

8. Do you have any physical or health conditions which may affect your performance? Yes No
 If so, please specify: _____
9. Do you have any allergies—including food—that we should be aware of? Yes No
 If so, please specify: _____
10. What kinds of foods do you prefer not to eat (for which you do not have an allergy to)?
 All meat products Chicken Pork Beef Seafood N/A
 Rice Noodles Vegetables Other _____

I certify that the above information is true and complete.

Year	Month	Day

Signature