

Name: _____

Are you a BOY or GIRL?

Birthday: __/__/____

Age: ____

Email Address: _____

Address: _____ Apt#: _____

State: ____ Zip: _____

Are you willing to change your appearance if asked? (i.e. hair color)

YES or NO

What kind of acting have you done before?

List any skills or training you may have that could help ?

Name your top five favorite movies?

- 1)
- 2)
- 3)
- 4)
- 5)

Thank you for filling out our application, PLEASE SEND a head shot a long with your application; it doesn't need to be anything professional just a nice shot of your mug! Or send a tape. (Tapes will not be returned)

All will be sent to:

ATTENTION JASON PADGETT
1351 Dexter Dr East
Port Orange , FL 32129