



_____	PAINTBALL ZOMBIE
_____	HAUNT ACTOR
_____	PAINTBALL TRAILER ACTOR

Name _____

Address _____

City, State, Zip _____

Phone _____ Home Work Cell

E-Mail _____

Preferred contact method Phone call Email Text Message

RELATED EXPERIENCE

Name of Show/Company	Role	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS and TRAINING

MEASUREMENTS:

WAIST: _____ INSEAM: _____

CHEST: _____ SHOULDER: _____

SLEEVE: _____ NECK: _____

Please list any conflicts between now and November 1, 2016 on the back of this form (date of week unavailable, hours unavailable etc)

PLEASE READ AND SIGN: I understand that casting decisions are made solely by the Stalker Farms Talent Director, acting in the best interests of Stocker Farms. If I accept a role or an assignment, I understand that an agreement exists between the Company and me to attend all scheduled rehearsals, meetings and performances, and that I will adhere to the rules and policies of SF and its crew. This production may be videotaped and/or photographed for archival and/or promotional purposes, and I give my consent to have my likeness used for these purposes.

Signature _____ Date _____