

Casting Application

Attach photo and send to:
MotionMasters
One Creative Place
Charleston, WV 25311

Name: _____ Birthdate: _____

Address: _____

Email: _____

Day Phone: _____ Evening Phone: _____

APPEARANCE

Height: _____ Hair: _____ Weight: _____

Eyes: _____ Complexion: _____ Other: _____

AVAILABLE TO WORK (Check All that apply)

Weekdays: ____ Evenings: ____ Weekends: ____

EXPERIENCE

List any film/video:

List any other performing:

Special skills or talents:

Signature: _____ Date: _____