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| STARLIGHTZ CASTING -ADULTS REGISTRATION FORM | | | |
| **Name :** | **Surname:** | | |
| **Gender:** Female / Male | **Date of Birth:** | | |
| **Marital Status:**  **Single**   **/**  **Married**   **/**  **Divorced**   **/ Other…………………………………**  **Do you have Children?** (If so, please give ages) **…………………………………………………………………….** | | | |
| **Postal Address:**  **Postal code:** | | | **Passport /ID Number:** |
| **Nationality & Tax no:** |
| **Telephone:** (h) | | | **Occupation:** |
| **Telephone:** (w) | | | **Smoker /Non- Smoker?** |
| **Cellphone**: | | | **Height**: ft: in: cm: |
| **E-Mail:** | | | **Shoe size:** |
| Hair Colour: (Please Circle)Blonde Brunette Dark Blonde Black    Strawberry Blonde Red  Light Brown Grey    Brown Salt & Pepper    Dark Brown Bald (half)    White Other: | | | **Eye Colour:** (Please Circle)  Blue  Green  Blue-Green  Hazel  Hazel-Green  Brown  D.Brown  Grey |
| Females: | | | **Males**: |
| Dress Size: | | | **Collar Size:** |
| **Bust**: in: cm: | | | **Chest**: in: cm: |
| **Waist**: in: cm: | | | **Waist**: in: cm: |
| **Hips** : in: cm: | | | **Hips** : in: cm: |
| **Your teeth: Select one:** Perfect / Nice / Normal / Bad / Front Teeth Missing / Wear Braces / Dentures | | | |
| **Do you wear Glasses/Contact Lens?** | | | |
| **Do you have any allergies?** | | | |
| **Do you have any Tattoo’s?** Give Details | | | |
| **Do you have any body piercings?** Give Details. | | | |
| **Modelling Experience:** Yes / No  **Professional Training** (Acting):Yes / No  **Acting Experience:** Yes / No  **If Yes,** Please give details: | | | |
| **Languages & Accents:**(Indicate how fluent you are) | | | |
| **Sports & Special Skills** :Please be specific ! Don’t Be Shy ! List all awards received.  Singing ability:(vocal range,styles etc.)……………………………  Dancing(list types/disciplines)………………………………………………………  Musical Instruments……………………………………………………………….……  Sports (circle all) : Athletics(marathon,sprint,pole vaulting,long jump,high jump  Do You have Provincial colours? …………………………………………………………………………………………………………………  Gymnastics/Acrobatics/Handstands/Stunts/Juggling/Horseriding/Diving/Soccer/Cricket/Rugby/Basketball/Swimming/  Kite Surfing/Surfing/BodyBoarding/Golf/Fishing/Cycling/Rollerblading/Iceskating/Motorbiking/Skateboarding/ Parachuting/ Skydiving/Abseiling/Rock climbing/Bungee Jumping/Tennis/Hockey/Kayaking/Martial Arts?  **Other Skills & Talents?** ………………………………………………………………………………………………………………………….… | | | |
| **Drivers License**? License type…… | | | |
| Would you like to :(Please select one)  Cast for featured roles ?  Be an Extra ?  Do both? | | Your Banking Details | |
| Bank Name : | |
| Branch Area : | |
| Branch Code : | |
| A/c no : | |
| * I may not join another other casting/modeling agency whilst I belong to Starlightz for the contract period of 2 years. If I decide to resign from Starlightz after 18 months from date of registration,I will give 3 months written notice,which will need to be acknowledged and accepted by Starlightz. During the 3 months resignation period I may not join another casting agency or cast for jobs through another agency.Failure to follow procedure will result in legal action. * If you don’t arrive on set, without letting anyone know, we will immediately take you off our books. You will be blacklisted from this agency and forfeit any payments if you disobey this rule. * We will not be held liable for any expenses or any injury, during your transport to and from the set or while you are on set. * I will provide my services ,to the best of my ability, through Starlightz under contract.I hereby give Starlightz Casting full power of attorney to sign contracts on my behalf. * I may not represent myself without my agent at a casting or on set. I may not discuss rates/fees with other artists or crew on set. * If whilst on set,a relative/ friend of the applicant/performer is recruited by Production Co. to participate in the shoot ,that person will automatically be represented by Starlightz. * My photographs may be used by Starlightz for self-promotional purposes only. * PAYE will be deducted from performance fees only. * Failure to comply with any of these rules, will result in legal action. | | | |
| **I agree that the above information is correct.I accept the Terms & Conditions above.**  Signature:……………………………………………  Date: ……………………………………………… | | | |