

Student's Personal Information

Entertainer's/Student Name: _____

Contact Telephone Number: _____

Contact Email Address: _____

Age: _____

Date of Birth: _____

City: _____

Stats

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Class Interest (Please Circle): Acting / Vocal / Dance

Service Interest (Please Circle): Head Shots / Demo Reel Scene / Live - Stream