



# KARI CASTING

PO Box 68043 RPO Osborne Village  
Winnipeg, MB R3L 2V9  
24-hour Hotline: 204.287.8839  
Email: info@karicasting.com  
www.karicasting.com

Name: \_\_\_\_\_ Name of Parent/Legal Guardian \_\_\_\_\_

Date of Birth: (Month/Date/Year) \_\_\_\_\_ Age: \_\_\_\_\_ Nationality : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Work/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legally able to work in Canada? Yes  No

Do you have a S.I.N.? Yes  No   
(14 yrs and up must have a SIN#)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

### IMPORTANT WARDROBE INFORMATION (please measure in inches w/measuring tape)

MALE	Neck:	Jacket:	Waist:	Inseam:	Shoe:
FEMALE	Bust:	Waist:	Hip:	Dress:	Shoe:

Availability: (Please check the box(es) that apply to you)

Anytime  Anytime w/notice  Weekends only  Can take a day off school w/notice

Hobbies (Sports, Recreational activities, School Clubs, etc.): \_\_\_\_\_

PART TIME JOB(s) Past and Present: \_\_\_\_\_

Previous Extra Work: Yes  No  \_\_\_\_\_

Valid driver's license? Yes  No  Do you have access to a vehicle? Yes  No

Year/Colour/Model of Vehicle? \_\_\_\_\_

Drives: Standard Yes  No  Automatic Yes  No  Other \_\_\_\_\_

**IMPORTANT: Please make sure to have this portion signed by a Parent or Legal Guardian in order to Participate in the Casting Call Process.**

PARENT NAME \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: (Month/Date/Year) \_\_\_\_\_

COMPLETION OF THIS FORM VERIFIES DISCLOSURE OF INFORMATION)

-ENCLOSE RECENT SOLO PHOTO (must be 4 x 6 or larger)-