

URBAN CASTING INC. EXTRA'S SIGN-UP SHEET

NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TEL#: _____ PAGER#: _____ CELL#: _____ FAX#: _____

EMAIL ADDRESS: _____

SEX (M/F): _____ ETHNIC ORIGIN: _____ NATIONALITY: _____

BIRTHDATE: _____ AGE: _____ SIN#: _____

IF YOU ARE A UBCP MEMBER PLEASE PROVIDE YOUR UBCP NUMBER:

FULL MEMBER #: _____

APPRENTICE #: _____

UBCP BACKGROUND PERFORMER MEMBER #: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOUR: _____ EYE COLOUR: _____

SIZES FOR FEMALES ONLY:

BUST/CUP: _____ WAIST: _____ HIPS: _____ SLEEVE: _____ DRESS: _____ SHOE: _____

SIZES FOR MALES ONLY:

JACKET: _____ NECK: _____ SLEEVE: _____ WAIST: _____ INSEAM: _____ SHOE: _____

PLEASE LIST YOUR SPECIAL SKILLS AND YOUR LEVEL OF ABILITY (1=BEGINNER, 2=LIMITED SKILLS, 3=AVERAGE, 4=ADVANCED, 5=PROFESSIONAL). IF SPECIFIC EQUIPMENT IS NEEDED TO PERFORM YOUR SKILLS PLEASE LET US KNOW IF YOU OWN THE REQUIRED EQUIPMENT.

EXAMPLES: ROLLERBLADING, BIKE RIDING, PLAYS PIANO, SPEAKS FRENCH, NURSE, BOWLING, FIREARMS, WAITER, KARATE, ETC...

SKILLS	ABILITY LEVEL	DO YOU OWN THE EQUIPMENT?
_____	1 2 3 4 5	YES _____ NO _____
_____	1 2 3 4 5	YES _____ NO _____
_____	1 2 3 4 5	YES _____ NO _____
_____	1 2 3 4 5	YES _____ NO _____
_____	1 2 3 4 5	YES _____ NO _____

PLEASE LIST THE TYPES OF WARDROBE YOU OWN. REMEMBER THAT WHEN YOU ARE BOOKED TO WORK ON SET YOU ARE REQUIRED TO PROVIDE THREE CHANGES OF WARDROBE.

EXAMPLES: BUSINESS, SEMI-BUSINESS, KIMONO, RAVE, COWBOY BOOTS, HAVE TATOOS, FUNKY, CASUAL, ATHLETIC, NURSES UNIFORM, CONSTRUCTION, TUXEDO, FORMAL GOWNS, HALLOWEEN COSTUMES, ETC...

CAR MAKE: _____ MODEL: _____ COLOUR: _____

CONDITION (FAIR/GOOD/MINT): _____ YEAR: _____

PETS: YES _____ NO: _____ TYPE: _____

IF YOU ARE AN ADULT WOULD YOU BE WILLING TO PERFORM NUDE?: YES _____ NO: _____

NAME OF PARENTS OR LEGAL GUARDIAN (IF UNDER 15 yr.) _____