



# ACTING PROFESSIONALLY

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## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Agent and/or Union Affiliations \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Physical Restrictions (if any) \_\_\_\_\_

### **Previous Experience:**

PLEASE LIST ANY TRAINING, FILM OR THEATRICAL  
EXPERIENCE OR ATTACH HEADSHOT AND RESUME

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