



DONNA BELAJAC CASTING

EXTRAS INFORMATION FORM

Glue two pictures here

One full length

One head shot

(Put your name and phone numbers on the back first. It is ok if photos cover logo above)

Please print out form and mail to Donna Belajac Casting

*****Please be aware that extras are needed for 12-14 hours per day*****

Year Pictures Taken _____ Today's Date _____

NAME _____

CELL _____ HOME PHONE _____ OTHER PHONE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____ EMAIL _____

AGE _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

CAR MAKE _____ MODEL _____ YEAR _____ COLOR _____

STAND-IN/EXTRA WORK EXPERIENCE (if any): _____

MENS SIZES

SUIT _____ Short Reg Long

NECK _____ SLEEVE _____

WAIST _____ INSEAM _____

SHOE SIZE _____

SWEATER S M L XL 2XL

WOMENS SIZES

DRESS _____ SLACKS _____

SWEATER SIZE S M L XL 2XL

SHOE SIZE _____

BUST _____ CUP _____

WAIST _____ HIPS _____

6.10