



Registration Form

CK Casting – Parkview, 1 School Road, Blackmore End, Essex CM7 4DN

Child's Personal Details

Child's Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Sex:	<input type="text"/>
	<input type="text"/>	Height(ft & ins):	<input type="text"/>
	<input type="text"/>	Eye Colour:	<input type="text"/>
Postcode:	<input type="text"/>	Hair Colour:	<input type="text"/>
Skills, Music/Drama Exams, Hobbies	<input type="text"/>		
Name of School:	<input type="text"/>	Telephone:	<input type="text"/>
School Address:	<input type="text"/>	Local Education Authority:	
	<input type="text"/>		

Parent/Guardian Contact Details

First Parent or Guardian:			
Name:	<input type="text"/>	Fax:	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Second Parent or Guardian:			
Name:	<input type="text"/>		
Telephone:	<input type="text"/>		
Third Parent or Guardian:			
Name:	<input type="text"/>		
Telephone:	<input type="text"/>		

CK Casting - a new and exciting agency for babies & toddlers to young adults

Professional or Amateur Performance Credits

include venues and dates

Stage:

TV:

Film:

Other

(voice overs;
radio; modelling
etc...)

Please attach two passport sized photographs and a copy of the child's birth certificate to this form

I wish to register (child's name)_____ with CK Casting. I have read the terms and conditions of the agency and agree to abide by them.

Signed (parent or guardian)_____ Date _____

Please send to:

**CK Casting
Parkview,
1 School Road,
Blackmore End,
Essex CM7 4DN**

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