Film Extra Casting Application Form

First Name	
Last Name	
Email	
Phone Number	
Date of Birth	
Gender	
Height (cm)	<u> </u>
Weight (kg)	
Eye Color	
Hair Color	
Previous Acting/Extra Experience	
Relevant Skills (e.g., dancing, singing, sports)	
Availability	
Upload Headshot Photo	
Choose File No file selected	
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Additional Information