

Thunder Mountain Production Company

www.thundermountainfilms.com

NAME: _____

ADDRESS: _____

PHONE: () _____ EMAIL: _____

DATE OF BIRTH: _____ ETHNICITY/RACE: _____ GENDER: **Male Female Other**

AGE: _____ EYE: _____ HAIR COLOR: _____ HAIR LENGTH: _____

HT: _____ WT: _____ BUST: _____ DRESS/SUIT: _____ BUILD: _____

Which Role(s) are you auditioning for: _____

If not selected for that role, are you willing to perform another? _____ Willing to be an Extra? _____

Acting Experience: _____

Are you a Union/Guild Member to SAG, AFTRA or another group? _____ Which: _____

Are you willing to participate in the following if the role calls for it: (write YES or NO next to each)

Minor Stunts: _____ Work with Animals: _____ Work w/Stage Make-up: _____ Travel: _____

Cuss: _____ Kiss: _____ Kiss Same Gender: _____ Perform Nude: _____ Sex Scene: _____

What are you **NOT** willing to do as a part of your role? _____

Please list any medical conditions we should know about that could be affected by working at different locations: _____

DAYS AND TIMES AVAILABLE FOR FILMING *(list only times available)*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
NIGHT							

Is there anything that you know of that could interfere with your ability to be involved with production of this Film/T.V. Show? _____ If so, what: _____

Are you planning any of the following in the next 4-5 Months? Vacation: _____ Business Travel: _____ Surgery: _____ Court Actions: _____ Moving: _____ Other: _____

Is there anything else you feel we should know about you? _____

I hereby state that all of the information on this form is true to the best of my knowledge and that I am not withholding any information in an attempt to attain a role in this show. I understand that this audition form and any other types of media used for this audition can be used by Thunder Mountain Production Company and it's members for the marketing of this show and any future auditions that I may be considered for. This Audition form may be kept on file for new shows for up to 3 years. Signed: _____ Dated: _____