

# Client Submission Form

Commercial and Theatrical

What area does your project fall into?

Print       On-Camera       Tradeshow

Have you worked with our agency before?

Yes       No

Project Name: \_\_\_\_\_

What is the potential booking date for your project?

\_\_\_/\_\_\_/\_\_\_

Will you require a live casting to make your booking decision?

Yes       No       Maybe

If yes, what date(s) would you like to hold your casting?

Date: \_\_\_/\_\_\_/\_\_\_ OR

Date Range from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If applicable, is your project union or non-union?

Yes      No

What is the budget for the roles for which you are casting?

\$ \_\_\_\_\_

Please provide role/model specs and breakdowns:

Additional comments

Please upload photo references, sides or any other project reference files here:

Please provide your information so we may contact you. Indicate the best way to reach you.

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

\_\_\_\_\_