



# LIQUID CHARIOT PRODUCTIONS AUDITIONS APPLICATION

Please fill this form out in its entirety. If you need assistance, please ask.

PHOTO

NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

If applicant is under age 18, name of signing parent or legal guardian:

NAME: \_\_\_\_\_

UNION AFFILIATION:  NONE  SAG/AFTRA  OTHER \_\_\_\_\_

Applicant Information

Parent or Guardian if applicable ("Same" acceptable)

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

ALT PHONE: \_\_\_\_\_

Please check off any and all applicant's related experience below:

- School Drama       Local Theater/Plays       Traveling Theater       Famous / Notable Theater ( e.g. Broadway)
- Print Modeling       Runway Modeling       Commercials       Shorts       Movies Over 1 Hr Length

Please check off any and all applicant's ability and willingness to work for:

- Equity (Involves Risk)       Deferred Pay (Involves Risk)       No Pay       Low Pay       SAG or Higher Rates ONLY

Approximately, what is the largest project budget you have acted in? \_\_\_\_\_

Why do you want to be an actor / actress? \_\_\_\_\_

What are your favorite film genres? \_\_\_\_\_

By signing below, I agree that Liquid Chariot Productions and any or all of its affiliates may keep on record my images or voice in any type of media necessary, for review by potential clients or internal personnel, for the purpose of consideration for any current or future projects in which LCP and any or all of its affiliates may be involved in. I understand that this document does not guarantee any work, employment or compensation unless stated under separate contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, parent or legal guardian please)