

<i>For History Casting use only</i>	
Period: _____	File No: _____
Nationality: _____	
Military: Y / N	Type: _____
Period Skill: Y / N	Type: _____

PERSONAL INFORMATION (please print)

Name: _____ Date: _____, _____, 20____

Street: _____ Apt: _____

City/Town: _____ State: _____ Zip: _____ - _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ (ext. _____)

Pager: (____) _____ - _____ Other Phone: (____) _____ - _____

Fax: (____) _____ - _____ Email: _____

Height: ____ Weight: ____ Hair: ____ Hair Length: ____ Eyes: ____ Jacket/Dress Size: ____

Pants: (W) ____ (L) ____ Shoe: ____ Hat: ____ Sex: ____ Age Range: ____ to ____

Union Memberships: S.A.G. ____ A.F.T.R.A. ____ Membership Number: _____

Availability: _____ How many years reenacting? _____

Have you ever worked on a film or television project before? Y / N

REENACTOR PORTRAYAL (please print) Year of Portrayal: _____

Describe your well-researched and constructed wardrobe and accoutrements:

Do you practice any period skills or trade (with required tools)?

Do you have any period reproduction props or set pieces?

Are you a member of a reenacting group for your portrayal? Y / N

Group Name: _____

Contact Person: _____ Phone: (____) _____ - _____

Group's Website: _____

Complete one form for each portrayal that you do and mail with a photo(s) of yourself in your period wardrobe to: LDI

Casting/History Casting, PO Box 7105, Warwick, RI 02886