



Tag No

TALENT INFORMATION FORM

FULL NAME _____

NICK NAME/SCREEN NAME (IF ANY) _____

GENDER _____ DATE OF BIRTH (DD/MM/YYYY) _____ AGE _____

TELEPHONE(S) _____

EMAIL _____

STATE OF ORIGIN _____

CURRENT RESIDENTIAL ADDRESS _____

CURRENT RESIDENTIAL CITY _____ CURRENT RESIDENTIAL STATE _____

NATIONALITY _____ LANGUAGE SPOKEN _____

CURRENT OCCUPATION _____

HEIGHT _____ WEIGHT _____ NATURAL EYE COLOR _____

DRESS SIZE (EUROPEAN AND UK) _____ SHIRT SIZE (EUROPEAN) _____ SHOE SIZE (EUROPEAN) _____

OTHER SPECIAL SKILLS _____

ACTING/PRESENTING EXPERIENCE (LIST TOP 10 AND DETAILS BELOW)

****PLEASE ATTACH A 5 BY 7 PICTURE OF YOURSELF AND A CLEARLY LABELLED DVD/CD OF YOUR SHOWREEL/VOICE SAMPLE IF YOU HAVE ONE. (NOTE THAT AIR BRUSHED PICTURES WILL BE REJECTED).**

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