



REGISTRATION FORM

FIRST NAME: _____

LAST NAME: _____

DOB: _____

GENDER: _____

ADDRESS: _____

SUBURB: _____

STATE: _____

POSTCODE: _____

PHONE HOME: _____

PHONE MOBILE: _____

EMAIL: _____

(please ensure this email is current and regularly checked)

PREVIOUS
EXPERIENCE: _____

BACKGROUND INFORMATION ABOUT
YOURSELF: _____

ETHNIC

BACKGROUND: _____

HAVE YOU BEEN REPRESENTED BY AN AGENCY BEFORE IF SO PLEASE LIST WHICH ONE/ONES: _____

WHAT WORK ARE YOU LOOKING FOR eg- film, television, modeling, corporate, commercial, musical (PLEASE LIST IN PREFERENCE 1 BEING MOST PREFERRED)

: _____

ANY MEDICAL HISTORY OR ISSUES THAT WE SHOULD BE AWARE OF (THESE ARE CONFIDENTIAL AND WILL ONLY BE USED FOR BUSINESS PURPOSES):

HOW DID YOU FIND OUT ABOUT SPARKS MANAGEMENT e.g social media, t _____

DO WE HAVE YOUR CONSENT TO UPLOAD IMAGES AND PERSONAL CHARACTERISTICS ABOUT YOU ONLINE AND TO BE SENT CASTING COMPANIES/AGENTS (YES/NO)

IF YOU ARE UNDER THE AGE OF 18 PLEASE GET A LEGAL GUARDIAN TO SIGN THIS FORM

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Please email directly to sparks management or bring with you upon arrival on the day of your audition.

Further details will be verified during your consultation.

KIND REGARDS SPARKS MANAGEMENT.