

MASQUERADE

CASTING FORM

Kindly fill in the form below and email it to us along with a photo and your CV
to info@masquerademalta.com

FULL NAME _____

ADDRESS _____

POSTCODE _____

PHONE (HOME) _____ PHONE (WORK) _____ PHONE (MOBILE) _____

EMAIL _____

ID CARD NO. _____

DATE OF BIRTH _____

HEIGHT _____ WAIST _____ CHEST _____ NECK _____

HAIR COLOUR _____ EYE COLOUR _____ SHOE SIZE _____

FEMALE DRESS SIZE _____ BUILD (XL/L/M/S) _____

SPECIAL SKILLS _____

CV ENCLOSED Y N

PHOTO ENCLOSED Y N

SIGNATURE _____

DATE _____