

# Application for Casting Workshops

Workshop City \_\_\_\_\_ date \_\_\_\_\_

Name \_\_\_\_\_ Home Tel \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Work Tel \_\_\_\_\_ Fax# \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Title/Certifications \_\_\_\_\_

Fax to 727-231-8385 to reserve your spot Call 727-394-1700 to charge your fees.

\$550.00 for local 2 day workshops unless special discount applies.

**ASOP**  
**PO Box 7440**  
**Seminole, FL 33775**

All checks must be received 3 weeks prior to workshop