Kids Application Form
Please attach clear recent photo here

NAME:
AGE:
PARENT/GUARDIAN'S NAME:
MALE/FEMALE:
ADDRESS (INC COUNTY):
PARENT/GUARDIAN'S MOBILE NUMBER:
PARENT/GUARDIAN'S HOME TEL NUMBER:
PARENT/GUARDIAN'S EMAIL ADDRESS:
PLEASE STATE YOUR NATIONALITY?
ARE YOU CURRENTLY AT SCHOOL OR TRANSITION YEAR?
ARE YOU CURRENTLY EMPLOYED - FULL TIME OR PART TIME?
DO YOU HAVE ACCESS TO YOUR OWN TRANSPORT?

MEA	ASUREMENTS (CM'S <u>OR</u> INCHES)
	xact measurements then please write S/M/L/XL/XXL
etc.)	- , , , ,
<u>MALE</u>	<u>FEMALE</u>
HEIGHT:	HEIGHT:
CHEST SIZE:	CHEST/CUP:
WAIST:	DRESS SIZE:
SHOE SIZE:	SHOE SIZE:
DO YOU HAVE ANY PREVIO	US EXPERIENCE AS AN
EXTRA/ACTOR/THEATRE/	PLAYS? IF YES, WHAT AND WHEN?
PLEASE TELL US ABOUT AN	IY OTHER SPECIAL SKILLS, FOR EXAMPLE: MUSICIAN,
SINGING, DANCING, MARTIA	AL ARTS, SPORTS
Applications submitted to 'Vikings: Valhalla' Extras Department are retained by the	
production company for a p	eriod of [12] months. You authorise the relevant
	company to review, process and retain this information
provided for the purpose of	potential employment as an Extra on the production.
Please tick th	he box to confirm
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authorisatio	n.