

Registration form

KÓD:

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Name and Surname:

Date of Birth: Passport Number:

Name and Surname of Parent:

Parent's Date of Birth:

Temporary Address:

Parent's: Phone no.: Mobil:

School:

E-mail: Phone/Mobil:

Exclusive Representative (agency):

Height: Weight:

Hair Color: Eyes Color:

Clothes Size: Shoes Size:

Profession:

Education:

Languages:

Languages Partially:

Musical Instruments:

Sports:

Skills:

Praxis (film, TV):

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This is to grant my accord to ArtCorp s.r.o., Vlastina 889/23, 161 00 Praha 6, IČO: 27186881, to include my personal data into their database of actors and extras including my photos and videos and to use them to present myself. ArtCorp s.r.o. is allowed to make these personal data public and to pass them to third persons by any suitable means, which would lead, or could lead, toward casting myself into a public performance. This accord is valid for ten years.

In at date

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Signature

How to fill

This form is for child and under age. Older 15 years can sign by himself, but any art agreement should be signed by the responsible relative.

Kód: Do not fill

Temporary Address: Postal address, or address where we can usually reach you. Provided, you have more such addresses, provide timing when you are available at each of them, or write one to send all correspondence to.

School: School name, address, and/or name and phone of your class teacher.

Parent's: Phone no.:, **Mobil:** home and/or work, relations (mother, grandmother...)

Phone/mobil: direct phone to child.

Exclusive Representative (agency): Please, fill agency address and contacts to your exclusive representative, if any.

Granting of the Agreement: The Agreement may be recalled anytime. Following the written recall of the Agreement all the personal data will be discarded from the database within three months since the date of the obtaining such request (by Czech Law about personal data, see: Zákon o ochraně osobních údajů č. 101/2000 Sb. a Zákon o poskytování osobních údajů č. 439/2004 Sb).