

Heart & Halo Talent *application and consent form*

A casting liaison service of the Down Syndrome Association of Los Angeles

Talent Name: _____ Birth date _____

Mailing Address: _____

City, State and Zip: _____

Union Membership (if applicable): ___ SAG ___ AFTRA ___ Equity

Social Security #: _____ (this is only shared with employer when hired)

___ Male ___ Female ___ Adult ___ Minor (17 years old and younger)

Disability: ___ Down syndrome ___ Other: _____

Minors Only:

CA minors: Expiration date of current work permit _____

Coogan Accounts do not need to be opened until work is booked, this info may be filled in at a later date.

Blocked bank account (Coogan Account) #: _____

Name of Bank: _____ City, State: _____

Parent or Guardian contact name: _____

E-mail address: _____ FAX: _____

Home phone: _____ Mobil phone: _____

Work phone: _____

I grant the *Down Syndrome Association of Los Angeles (DSALA)* and their casting service *Heart & Halo Talent* permission to release my/my child's likeness and contact information for potential work as a model, actor or entertainer. I understand that my/my child's Social Security number and a minor's Blocked Bank Account Number are requested to assist in hiring and/or providing information for a Talent Agent or Production Company and the *DSALA/Heart & Halo Talent* will inform me when this information is released and to whom it was released to. I also agree to release my/my child's likeness to the *DSALA* to be used in *DSALA and Heart & Halo* promotion materials not for sale.

Talent Signature: _____ Date: _____

Parent or Guardian Contact Signature: _____

Adults include 10 head shots (or 4x6 prints) and resumes.

Minors include 5 head shots (or 4x6 prints) and resumes. Send copies of renewed work permits every 6 months, include new photos if the child's appearance makes a significant change. Copies of current work permits must be on file for all children living in California. Work permits not required for children residing outside of CA.

Also, please send a high resolution photo of your child via email to: gail@dsala.org.

A donation of \$20 is suggested to enable us to continue to offer this service. If you donate, please make check payable to DSALA and included with this paperwork.

Return to: DSALA/Heart and Halo Talent, 315 Arden Ave., Suite 25, Glendale, CA 91203