



Castle Wall Productions

Personal Information Form

Last Name: _____ First Name: _____

Middle Name: _____ Nick Name _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail (to include URL): _____

Father's name: _____

Fathers Work (if minor): _____ phone _____

Mother's name _____

Mothers Work (if minor): _____ phone _____

Do you have any gymnastic, acrobatic, stunt, wrestling, martial arts or military experience? Are you currently enrolled in any of the above?

Have you ever competed in any sport that involved weapon? Have you ever belonged to a group that utilized any type of archaic weapon? If so how long?

Do you have any unique or special skills such as wood working, masonry, needle craft, sewing automotive, performing, musical, etc?

What are your hobbies, or other extra curricular activities?

Do you have phobias, such as fear of heights, insects, or large crowds?

All information remains confidential and used only for CWP purposes.