**Actor Name**

****

**Or “SAG-AFTRA-eligible” if applicable**

[Agency Logo]
Agent Name

555.555.5555

Agent Email

[Management Company Logo]
Manager Name

555.555.5555

Manager Email

**FILM**

Name of Movie Billing Director

Name of Movie Billing Director

Name of Movie Billing Director

Name of Movie Billing Director

**TELEVISION**

Name of Show Billing Network (Director of Episode)

Name of Show Billing Network (Director of Episode)

Name of Show Billing Network (Director of Episode)

**NEW MEDIA**

Name of Show Billing Platform (Director)

Name of Show Billing Platform (Director)

Name of Show Billing Platform (Director)

**THEATRE**Name of Play Name of Character Theatre Company

Name of Play Name of Character Theatre Company

Name of Play Name of Character Theatre Company

**TRAINING**

Type of Class Acting Studio City

Type of Class Acting Studio City

Type of Class Acting Studio City

**SPECIAL SKILLS**

Skill 1, skill 2, skill 3, etc.

Actor contact information: email address, website, or any other information