

Client Information Sheet

| | gal Name:Last | | First | | | Middle | |
|---|-----------------------|-------------------|------------------------------------|----------------|---------------|----------|--|
| Stage / SAG / AFTRA Name (if appli | icable): | | | | | | |
| | | Last | Firs | | Midd | le | |
| Home Address (Number and Street | t): | | | | | | |
| City: | | | State: | | Zip: | | |
| Sex: Ethnicity: | Ethnicity: | | Hair Color: Ey | | e Color: | | |
| Social Security #: | | SAG/AF | RA # (if applicable | e): | | | |
| Date of Birth: | Age: | Height:′_ | " Weight: | Waist: | Hip: | Inseam:_ | |
| | | | | | | | |
| Shirt Size: Coat: | Dress: | Pant: | Shoe: | Brace | s or Glasses: | | |
| | | | | | | | |
| Shirt Size: Coat: Check Only if Child is Home School | | | | | | | |
| | ed Age | nt / Managers Nan | ne (if applicable) | | | | |
| Check Only if Child is Home School | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Check Only if Child is Home School | ed Age | nt / Managers Nan | ne (if applicable) | o to Client: _ | | | |
| Check Only if Child is Home School | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Check Only if Child is Home School Name of our primary contact What is that person's E-mai | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Name of our primary contact What is that person's E-mai | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Name of our primary contact What is that person's E-mai Name (First / Last) CELL Phone Number | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Name of our primary contact What is that person's E-mai Name (First / Last) CELL Phone Number CELL Phone Provider * | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |
| Name of our primary contact What is that person's E-mai Name (First / Last) CELL Phone Number CELL Phone Provider * Home Phone Number | ed Age ct: I Address? | nt / Managers Nan | ne (if applicable) Relationship | o to Client: _ | | | |



PO Box 7103 Van Nuys, CA 91409-7103

www.elitekidstalent.com

CA Office Phone: 818.922.7909 CA Office Fax: 818.804.5495 New York Office Phone: 718.662.3523 New York Office Fax: 718.725.7179



Skills And Talents

Please indicate BY NUMBER how good you are only on the skills that apply:

- 1 = FAIR - You know how but you are not very good.
- 2 = GOOD - You are competent but not excellent.
- 3 = EXPERT - You are very good and could almost go professional.

If you have a skill or talent not listed here, please write it in below and indicate your skill level by number

| Client/Child' | s Name: | | | | | | |
|--|--------------------------------|--------------------------------|--------------------|----------------------|-----------------------|----------------|-------------|
| Sport Skills | | | | | | | |
| Archery | Badminton | Baseball | Basketball | Baton Twirling | Bicycle | Bicycle Trick | s Bowling |
| | | | | _ Field Hockey | | | |
| | | | | Ice Skating | | | |
| Jump Rope | Jump Rope [| Double Dutch | Motorbike_ | Ping Pong | Pogo Stick_ | Razor Scoo | oter |
| Rollerblading_ | Rollerskati | ing Roller | Hockey So | occer Skatebo | arding | Skateboard Ram | ps Softball |
| Surfing | Swimming | Tennis Ti | rampoline | Volleyball W | ater Polo | Wrestling | _ |
| Music Skills | | | | | | | |
| | Bass Ba | ss Guitar | Cello Clari | net Drums | Drums Ma | arching Band | Flute |
| | | | | hone Trumpe | | | |
| Tae Kwon Do_ Abilities Beauty Pageal Dance Skills Ballet B | Tang Soo I nt Chess allroom Be | OoOther_ Juggling elly Dancing | Mime | Painting Rapp | oing Sig _ Irish S | n Language | - |
| Salsa Sa | mba Tang | o Tap | Other | | | | |
| | | | | lorse Rings | | | |
| If you know a | ny language(s) be | esides English, p | lease write it in | here along with skil | l level | | |
| If you are a m | ember of a group | o such as Boy/G | irl Scouts, please | e write it in here | | | |
| Additional Sk | ills or Talents | | | | | | |



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Work Process Agreement

PLEASE READ THIS AGREEMENT IN FULL, INITIAL WHERE INDICATED, AND SIGN AT THE BOTTOM.

| I understand that based on the information that I have provided on the Client Information Sheet, Elite | |
|--|------------------|
| Kids Talent (EKT) will contact me when a job becomes available. When I am contacted by EKT, I can accept or decline the job based on various factors, including our availability. I also understand that by accepting a job, we are then considered "booked" for that job. | Initial Here |
| I agree that if I cancel from a job once I have been booked for any non-emergency reason, that I may be charged a 15% lost commission and/or removal from service. | Initial Here |
| I agree that when filling out my vouchers on any set for any job that EKT has booked me on, that I will put EKT's address as the location to have all checks sent to. I am aware that EKT will deduct their 15% commission before direct depositing or mailing a check to me for the difference. EKT will provide me with copies of all original paychecks and check stubs that were issued by the payroll company of that particular job. | Initial Here |
| I agree to always bring all the appropriate paperwork to each job that I am booked on, including two forms of ID, the original work permit and, if it is a school day, three hours of schoolwork. | Initial Here |
| I agree to always arrive to the work early or on time with the required wardrobe. If I am running late, I will contact EKT immediately. I also agree that if I have any problems on set that I will call EKT with any issues so that they may be resolved quickly and without incident. | Initial Here |
| I agree to keep EKT updated with contact information changes, including mailing address, cell numbers, cell phone providers, or e-mail. I agree to keep EKT updated with physical changes including pictures, sizes, and / or skills. I agree to always provide EKT with a copy of my child's updated work permit. | Initial Here |
| Child/Client Name: | |
| Parent/Legal Signature and Date: | |



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Check Authorization Form

| or any other forms of compensatio billboard use, replay payments and | n and payments (including, but not limited to, I foreign use payments) for the services in the , which may from time to time bec | of any and all checks, drafts, and/or sums of money, initial compensations, residuals, royalties, print and e entertainment industry of (print client full name) ome due and payable. I hereby authorize and direct |
|---|--|---|
| delivery of such checks, drafts and/ | or sums of money, or any other forms of paym | nents to the following address: |
| Elite Kids Talent | | |
| PO Box 7103 | | |
| Van Nuys, CA 91409-7103 | | |
| (or to such other address as Elite Kie | ds Talent provides) | |
| such payments through Elite Kids commissionable to Elite Kids Talent and all moneys, checks, or any Agreement. Providing that Elite Management Fee on all gross montime, except by written notice, signany prior dated authorization that | Talent whether during the term of our agreed after such agreement has expired. I hereby an other form of compensation for services a Kids Talent will in turn ensure payment to eys due Elite Kids Talent. This authorization served by those authorized by Elite Kids Talent a Elite Kids Talent may have on file regarding of the company of this agreement shall be after the company of t | r otherwise interfere with Elite Kids Talent directing ement, or with regard to such payments as may be uthorize Elite Kids Talent to receive, collect, cash any is agreed upon in our Client/Artist's Management to the Child/Client of all funds, excluding the 15% shall remain in effect and may not be revoked at any and the undersigned. This authorization supersedes delivery of checks and/or suns of money payable to be considered an original and shall be admissible in a |
| Child/Client Full Name (Print) | Child/Client Full Name (Signature) | Client Social Security Number |
| Parent/Legal Guardian (Print) | Parent/Legal Guardian (Signature) | Relationship to Client/Child |
| | | |



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Child/Client Full Mailing Address

CA Office Phone: 818.922.7909 CA Office Fax: 818.804.5495 New York Office Phone: 718.662.3523 New York Office Fax: 718.725.7179

Today's Date

Telephone Number



Client / Artist Management Agreement

ELITE KIDS TALENT (EKT) IS A TALENT MANAGEMENT COMPANY AND PROVIDES "AN ARTIST'S SCHEDULE OF AVAILABILITY FOR AN AUDITION OR EMPLOYMENT OPPORTUNITY" TO CASTING COMPANIES. PER LABOR CODE 1701g, IT IS CLASSIFIED AS A TALENT MANAGEMENT COMPANY. THIS IS NOT A TALENT AGENCY CONTRACT. ONLY A TALENT AGENT LICENSED PURSUANT TO SECTION 1700.5 OF THE LABOR CODE MAY ENGAGE IN THE OCCUPATION OF PROCURING, OFFERING, PROMISING, OR ATTEMPTING TO PROCURE EMPLOYMENT OR ENGAGEMENTS FOR AN ARTIST. ELITE KIDS TALENT (EKT) IS PROHIBITED BY LAW FROM OFFERING OR ATTEMPTING TO OBTAIN AUDTIONS OR EMPLOYMENT FOR YOU. FOR MORE INFORMATION CONSULT CHAPTER 4.5 (COMMENCING WITH SECTION 1701) OF PART 6 OF DIVISION 2 OF THE LABOR CODE. A DISPUTE ARISING OUT OF THE PERFORMANCE OF THE CONTRACT BY THE TALENT SERVICE THAT IS NOT RESOLVED TO THE SATISFACTION OF THE ARTIST SHOULD BE REFERRED TO A LOCAL CONSUMER AFFAIRS DEPARTMENT OR LOCAL LAW ENFORCEMENT, AS APPROPRIATE. This letter will confirm that the client/child/artist is represented by Elite Kids Talent (EKT) as a Manager from the date of this Agreement and that a management commission payment of 15% on all bookings will be due and payable on all gross moneys or other compensation received as a result of employment performed and derived from the efforts of this company (Elite Kids Talent) under this agreement. It is expressly understood that all commissions are due under this agreement for work up to the time of discontinuance, including all subsequently earned residuals, royalties, and pick-up witch may accrue after the discontinuance of this agreement, remain due and payable. I authorize Elite Kids Talent (EKT) to accept delivery, deposit and/or deduct all sums due Elite Kids Talent (EKT) from checks, drafts & any compensation including but not limited to residual, royalties, & payments of client's earnings. In the event client cancels or does not show up for a job and a replacement cannot be found, the lost commission of 15% will be billed to the client. It is understood that if there is an upgrade of the performer to principal performer or the performer is hired as a principal performer, if that performer does not retain a licensed SAG franchise talent agency, that Elite Kids Talent (EKT) may have to assign a licensed SAG franchise talent agency to the job for any and all possible negotiations. If a SAG agency is required for a job the legal standard commission of 10% would be due by client to the agency of the total gross earned. It is understood that Elite Kids Talent is working in the entertainment industry covering, but not limited to, movies, television, commercials, webisodes, and print modeling. Power of Attorney is granted to Elite Kids Talent to execute any and all documents and business necessary to perform the duties as set forth in this agreement. This Client/Artist's Management Agreement is a formal binding agreement, and it can be discontinued at any time by written notice of one party to the other. I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.

ACCEPTANCE OF AGREEMENT

Today's Date: Child/Client Name: Parent/Legal Signature and Date: Representative Elite Kids Talent:

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info@elitekidstalent.com

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I have read this agreement and I understand and accept the terms.