

REAL PRODUCTIONS

Contact Information

Name: _____

Desired Screen Name: _____

E-mail: _____

Address: _____

City*: _____

Zip / Postal Code: _____

Phone (day): _____

Phone (evening): _____

Age: _____ Date of Birth: _____

S.S.N. or S.I.N.: _____
(for payroll)

Height: _____ Weight: _____

* We shoot in more than 30 cities across North America.

Sexual Information

Please indicate which sexual acts you are willing/able to perform:

- | | |
|--|--|
| <input type="checkbox"/> Anal | <input type="checkbox"/> Bondage |
| <input type="checkbox"/> Bukkake | <input type="checkbox"/> DP |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Gang Bang |
| <input type="checkbox"/> Intercourse | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Cum in mouth | <input type="checkbox"/> Swallow |
| <input type="checkbox"/> Golden Shower | <input type="checkbox"/> Girl-Girl |
| <input type="checkbox"/> 3-sum (M-M-F) | <input type="checkbox"/> 3-sum (M-F-F) |

Have you ever appeared in an adult video before:
() yes () no

If yes, give particulars:

Measurements: _____

Max. age you will perform with: _____

APPLICATON FORM

Please tell us why you'll be a good adult performer:

Medical Information*

Have you ever or do you currently have any STD's? () yes () no

If yes, please provide details:

Do you have any other medical conditions we should be aware of (ie: heart trouble)

* All performers are required to be tested for the following: HIV (Aids), Hepatits, Herpes, Chlamydia, Gonorrhoea and Syphilis.

Filing Information

All applications must include the following:

- () Recent color photograph(s)
- () Signed statement of age (see below)

Please return completed application to realvideo@telus.net or to:

Real Productions
Suite 20, 4005 Cloverbar Road
P.O. Box 72222
Sherwood Park, AB, Canada
T8H 0M6

By signing, I attest that I am over 18 years of age.

Signature Age