



Show Partners Crewing, LLC
1035 Primera Blvd., Suite 1041
Lake Mary, FL 32746

Web: www.ShowPartnersCrewing.com
E-mail: Crewing8@ShowPartners.com

Phone: 321-257-1850
Fax: 321-244-1298

FREELANCE INFORMATION FORM

If you are an individual who works using your SSN, you will be paid as a W-4 employee through our payroll company Zero Chaos. Only complete the Company information if you are a business with an EIN and you wish to be paid as a 1099 contractor.

Full Legal Name: _____
First Middle Last Suffix

SSN / Tax No: _____
(Required: 000-00-0000 Format)

Nick-Name: _____

Date of Birth: _____
(mm/dd/yy)

Company Name: _____

Company Type: _____ EIN / TIN Tax No: _____
(Sole Proprietor, Corporation, Partnership, Other) (Required: 00-0000000 Format)

Address: _____

Address: _____

City: _____ State: _____

Zip / Postal Code: _____ Country: _____

Country of Citizenship: _____ Resident State: _____

Home Phone: _____ Fax: _____

Cell Phone: _____ Work: _____

Pager: _____ Other: _____

Email: _____

Web Site: _____

Home Airport Codes: _____ Union: _____
(LAG, JFK, EWR) (NABET, IBEW, Etc.)

Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Please use additional positions for each specialty within each skill set. For example, Hard Camera, Hand Held and Steadi-Cam should be entered as separate positions, each with their own credits. Similar examples are: VTR, EVS, Profile, Mav: V1, V3, V3: A1, A2, Submix, RF A2; Infnit, Deko, Duet, etc.

Primary Position: _____ Preferred Rate: _____

Recent Experience: _____ (Show/Event/Series) _____ (Years / Seasons) _____ (Network or Production Company)

(Above Position Only) _____



Show Partners Crewing, LLC
1035 Primera Blvd., Suite 1041
Lake Mary, FL 32746

Web: www.ShowPartnersCrewing.com
E-mail: Crewing8@ShowPartners.com

Phone: 321-257-1850
Fax: 321-244-1298

FREELANCE INFORMATION FORM

ADDITIONAL POSITIONS

Completed this page only if you actively work additional positions.

Full Legal Name: _____
First Middle Last Suffix

SSN / Tax No: _____ - -
(Required: 000-00-0000 Format)

Additional Position: _____ Preferred Rate: _____

Recent Experience: (Show/Event/Series) (Years / Seasons) (Network or Production Company)

(Above Position Only)

Additional Position: _____ Preferred Rate: _____

Recent Experience: (Show/Event/Series) (Years / Seasons) (Network or Production Company)

(Above Position Only)
