

******PLEASE PRINT CLEARLY IN EACH COLUMN TO ENSURE PAYMENT******

ACTRA-ICA/ACA Full And Apprentice Members Commercial Audition Sign-in Time Sheet Part A

Date: _____
 Day Month Year

Page _____ of _____

| | | |
|---|---|---|
| <p align="center">Check Appropriate Box</p> <p>Television Radio</p> <p>Regional Short Life</p> <p>Infomercial PSA</p> <p>Digital Media Joint Promotion</p> <p>US use only Doubleshoot</p> | <p>Advertising Agency</p> <hr/> <p>Agency Producer</p> <hr/> <p>Email</p> <hr/> <p>Fax / Telephone Numbers</p> <hr/> <p>Shoot Location (City)</p> <hr/> <p>Production Company</p> <hr/> <p>Line Producer</p> <hr/> | <p>Fax this form within 2 days of the audition to the Advertising agency and the local ACTRA office:</p> <p>Newfoundland & Labrador (709) 722-2113</p> <p>Maritimes (902) 422-0589</p> <p>Montreal (514) 844-2068</p> <p>Ottawa (613) 565-4367</p> <p>Toronto (416) 928-2852</p> <p>Manitoba (204) 947-5664</p> <p>Saskatchewan (306) 359-0044</p> <p>Alberta (403) 228-3299</p> <p>UBCP (Vancouver) (604) 689-1145</p> <hr/> <p>Casting Director</p> <hr/> <p>Commercial Title(s)</p> <hr/> <p>Intended Production Date(s)</p> <hr/> |
| Sponsor | | |
| Product | | |
| Intended Use | | |

APPENDIX "F" (PART A)

The section below is to be completed by Performers - please print clearly

| Name | ACTRA Number | Talent Agency | Special Wardrobe/ Costume Required by Casting | Specific Role | Audition Number for Specific Role | Audition Arrival Time | Audition Call Time | Audition Time Out | Initial |
|------|--------------|---------------|---|---------------|-----------------------------------|-----------------------|--------------------|-------------------|---------|
| | | | | | | | | | |
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| | | | | | | | | | |

ENGAGER SIGNATURE _____

