

APPENDIX "E"
ACTRA-ICA/ICA COMMERCIAL CASTING/BOOKING CONFIRMATION FORM

Ad Agency _____
 Product _____
 Conflict Category _____
 Examples _____

Performer Name _____
 Home Phone (____) _____
 Alternate Phone/Pager (____) _____
 Height _____ Weight _____
 Hair _____ Eyes _____
 Agent _____
 Agent Phone (____) _____

ACTRA Member ACTRA Apprentice UdA Member

Audition: ACTRA SAG ACTRA/UdA

_____ Available: Yes No
 Shoot Date

Competitive products on air (see Article 2003,
 with the exception of seasonal commercials):

BOOKING CONFIRMATION

Category _____
Rates:
Session _____ Resid. _____ Other _____
Faxed to _____ From _____
Agent Fax No. _____ Rec'd. _____
Performer Fax No. _____ Rec'd. _____

_____ Performer's Signature

PERFORMER PHOTO HERE

PSA – PUBLIC SERVICE ANNOUNCEMENT

Charity/PSA	Yes	No
Paid?	Yes	No

_____ Performer Signature

SIZES: Adult _____ Children _____
 Pants/Skirt _____ Shirt/Blouse _____
 Dress/Jacket _____ Shoes _____
 Special requirements (e.g., allergies,
 asthma, vertigo):

NATIONAL	TV	RADIO
TAGS	REGIONAL CHANGES	DEMO
SEASONAL	DEALER	PSA

LOCAL/ REGIONAL	INFOMERCIAL	OTHER
SHORT-LIFE	7 DAYS	14 DAYS
31 DAYS	45 DAYS	CHANGE

Date _____