APPENDIX "C"

PRODUCTION INFORMATION SHEET

UBCP/ACTRA	Production Title:				
	Type of Production:	Length of Progr	nm: # of Epi	sodes:	
	Start Date:	rt Date: Wrap Date:			
	Executive Producer(s):				
Producers(s): Director:					
Production Manager:	Production Coordinator:				
Casting Director(s): Background Performer Casting Director:					
Appendix "A" Signatory: Yes No If yes, please specify which company:					
Production Entity:					
Production Entity Address:					
Telephone #: Fax #: Email address designated by Producer:					
Production Accountant: CMPA Membership #:					
Contact Person After Wrap: Payroll Company:					
Address After Wrap:					
Telephone #:	Fax #:		Email:		
Distributor:	tributor: Telephone #:				
Address:		Fax #:			
Use Fee: %		Declared Use:			
First Release Date:		Media Type:			
Number of Non-Canadian Performers: Names:					
Non-Canadians Engaged Und	der: UBCP Contract	SAG Contract Other:	Please specify:		
Number of Canadian "Principal" Roles: Number of Canadian "Actor" Roles:					
Number of Scheduled Stunt Days: Name of Stunt Coordinator:					
Nude Scenes: Yes □ No □ If yes, names of any Performers performing nude:					
Minors: Yes □ No □ If yes, name and telephone # of tutor if applicable:					
Locations Outside Studio Zone: Yes No If yes, please specify:					
PLEASE FORWARD TO THE UNION OFFICE: SCRIPT CAST LIST CREW LIST DAY-OUT-OF-DAYS AUDITION LISTS SHOOTING SCHEDULE EXTRAS LISTS					
PLEASE FORWARD A COPY OF THIS DOCUMENT TO THE UNION AND THE CMPA-BC (vancouver@cmpa.ca)					