

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

Ad Agency _____

Product _____

Conflict Category _____

Examples _____

Performer Name _____

Home Phone (____) _____

Alternate Phone (____) _____

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 _____
Emailed to _____	From _____
Agent Email _____	Rec'd. _____
Performer Email _____	Rec'd. _____

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	DIGITAL MEDIA
TAGS	REGIONAL CHANGES		DEMO
SEASONAL	DEALER	PSA	

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

 Performer's Signature

 Date