

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

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

Date: \_\_\_\_\_  
Day                      Month                      Year

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Check Appropriate Box</b>  Television              Radio  Digital Media              Bundle National  Infomercial              Short Life  Regional              PSA  US use only              Joint Promotion  AOPP              Doubleshoot	<b>Advertising Agency</b>	<b>Email this form within 2 days of the audition to the Advertising agency and the local ACTRA office:</b>  Newfoundland & Labrador              newfoundland@actra.ca Maritimes              maritimes@actra.ca Montreal              montreal@actra.ca Ottawa              ottawa@actra.ca Toronto              nca@acratoronto.com Manitoba              manitoba@actra.ca Saskatchewan              saskatchewan@actra.ca Alberta              alberta@actra.ca UBCP (Vancouver)              Commercial-Email@ubcpactra.ca
	<b>Agency Producer</b>	
	<b>Email</b>	
	<b>Telephone Number</b>	
<b>Sponsor</b>	<b>Shoot Location (City)</b>	
<b>Product</b>	<b>Production Company</b>	
<b>Intended Use</b>	<b>Line Producer</b>	<b>Commercial Title(s)</b>
		<b>Intended Production Date(s)</b>

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

ENGAGER SIGNATURE \_\_\_\_\_