

APPENDIX "C"

PRODUCTION INFORMATION SHEET

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|---|------------------------|--|----------------|
| UBCP/ACTRA | Production Title: | | |
| | Type of Production: | Length of Program: | # of Episodes: |
| | Start 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: | | Telephone #: | |
| Address: | | Fax #: | |
| Use Fee: | % | Declared Use: | |
| First Release Date: | | Media Type: | |
| Number of Non-Canadian Performers: | | Names: | |
| Non-Canadians Engaged Under: UBCP Contract <input type="checkbox"/> SAG Contract <input type="checkbox"/> Other: <input type="checkbox"/> Please specify: | | | |
| Number of Canadian "Principal" Roles: | | Number of Canadian "Actor" Roles: | |
| Number of Scheduled Stunt Days: | | Name of Stunt Coordinator: | |
| Nude Scenes: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, names of any Performers performing nude: | | | |
| Minors: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and telephone # of tutor if applicable: | | | |
| Locations Outside Studio Zone: Yes <input type="checkbox"/> No <input type="checkbox"/> 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) | | | |