## APPENDIX "C"

## **PRODUCTION INFORMATION SHEET**

	Production Title:					
UBCP	Type of Production:	Length	of Progran	n:	# of Episodes:	
ACTRA	Start Date: Wrap Date:					
	Executive Producer(s)	):				
Producers(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 #:	ephone #: Fax #: Email address designated by Producer:					
Production Accountant: CMPA Membership #:						
Contact Person After Wrap: Payroll Company:						
Address After Wrap:						
Telephone #:	Fax #:		Em	nail:		
Distributor:	Telephone #:					
Address:			Fax #:			
Use Fee: %		Declared Use:				
First Release Date:		Media Type:				
Number of Non-Canadian Performers: Names:						
Non-Canadians Engaged L	Inder: UBCP Contract	SAG Contract	Other:	Please spec	ify:	
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: <sup>Yes</sup> No If yes, please specify:						
PLEASE FORWARD TO THE UNION OFFICE: SCRIPT CAST LIST CREW LIST DAY-OUT-OF-DAYS AUDITION LISTS SHOOTING SCHEDULE DAILY LIST OF BACKGROUND PERFORMERS						
PLEASE FORWARD A COPY OF THIS DOCUMENT TO THE UNION AND THE CMPA-BC (vancouver@cmpa.ca)						