



FOR OFFICE USE ONLY:

- APPLICATION
- BUDGET
- SCRIPT
- CAST LIST
- CREW LIST

- AOS
- WORKSAFE
- MINORS
- TRAVEL

STUNTS

- STC/STP
- STC RESUME
- DESCRIPTION
- CGL

NUDITY

- NUDITY
- SEMI-NUDITY
- SIM.SEX.ACT
- INTIMATE SC.
- RIDER

- AGREEMENT
- PERFORMER FORMS
- FINAL CAST LIST
- GENDER & DIVERSITY:
 - AMS
 - E-BOARD

40 UNDER INDIE- ULTRA-LOW BUDGET APPLICATION FORM

FEATURE SHORT FILM WEB SERIES OTHER _____

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

*PRODUCER:

*DIRECTOR:

PRODUCTION LENGTH (minutes):

INTENDED USE:

TOTAL PRODUCTION CASH COSTS (Must be \$40,000 or under): \$_____

Please attach a copy of the budget which declares all cash payments and donations. All "in kind" donations do not form part of the total production cash cost amount but the known or estimated value of the donations are to be noted in a separate column on the budget.

PRE-SALES/DISTRIBUTION:

FUNDING SOURCES:

ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES NO

SHOOTING LOCATION:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES NO

PERFORMERS RECEIVING COMPENSATION: YES NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions with Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.

NUDITY/SEMI-NUDITY SCENES: YES NO SIMULATED SEXUAL ACTIVITY: YES NO

If yes, please list Performers involved:

MINORS: YES NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT CAST LIST CREW LIST BUDGET

I, _____ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE.

COMMENTS & QUESTIONS: