

APPENDIX "C"

**ANIMATION PRODUCTION
INFORMATION SHEET**



UBCP/ACTRA
300 – 380 WEST 2nd AVE
VANCOUVER, B.C.
CANADA, V5Y 1C8
TEL #: (604) 689-0727
FAX #: (604) 689-1145

PRODUCTION TITLE:			
CONSENT TO PUBLISH ON UBCP/ACTRA ANIMATION PRODUCTION LIST?: (PRODUCTION WILL NOT BE LISTED UNLESS YES IS ENTERED)			
PRODUCTION TITLE FOR PRODUCTION LIST, IF DIFFERENT FROM PRODUCTION TITLE:			
Where consent is granted by the Producer above, only BOLDED information listed below will be published on the UBCP/ACTRA Animation Production list.			
TYPE:	TV Series <input type="checkbox"/>	Feature <input type="checkbox"/>	Promos <input type="checkbox"/> Other: <input type="checkbox"/> Pre-lay Dubbing
IF SERIES: Total # of Episodes in Season:		Season #:	
START DATE:	WRAP DATE:	LENGTH OF PROD.	minutes
SIGNATORY COMPANY NAME:			
CMPA MEMBER NO. (IF APPLICABLE):		CONTACT PERSON:	
ADDRESS:			
TEL #:	FAX #:		
PRODUCED FOR (COMPANY NAME):			
CONTACT PERSON:			
ADDRESS:			
TEL #:	FAX #:		
DISTRIBUTION COMPANY NAME:			
CONTACT PERSON:			
ADDRESS:			
Casting Director:		Voice Director:	
TEL #:	FAX #:		
PAYROLL PROCESSED BY:			
USE FEES:	%	DECLARED USE:	
FIRST RELEASE/AIR DATE:			
PERFORMERS :	# OF CDN PRINCIPALS:	# OF CND ACTORS:	
FOREIGN PERFORMERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ON SAG OR UBCP/ACTRA CONTRACTS
NAME(S) OF MINORS & AGE :			