



Production ID: _____

PRE-PRODUCTION INFORMATION FOR DOCUMENTARIES

Production Company: _____ Producer: _____

Street: _____

City: _____ Province/State: _____ Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____

Production Title: _____

Length: _____

Broadcaster: _____

Production/Recording Dates: _____

Performers: On Camera Performer Off Camera Performer

CAST LIST

Please Indicate next to the name
Role = (N) Narrator, (P) Principal or (A) Actor

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Upon receipt the Documentary Steward will contact you to assist in your engagement of ACTRA members or call the Documentary Steward at 416-928-2278

Email all documents to: klee@actratoronto.com or Fax: 416-928-2026

Please submit to ACTRA no later than 48 hours prior to first shoot day.