

APPENDIX "C"

INTENT TO PRODUCE ACTRA-ICA/ACA COMMERCIAL

**This form must be faxed to the local ACTRA office
no less than two (2) business days prior to shooting.**

Ad Agency _____ Signatory Engager _____

Sponsor _____ Product _____

Production Co. _____ Casting Director _____

Locations _____ Travel Required: Yes _____ No _____

Intended Use: Canada _____ USA _____ Other _____ Intended Cycle Dates _____

___ NATIONAL	___ TV	___ RADIO	___ TAGS	___ SEASONAL	___ DEMO
___ REG. CHANGE	___ LOC/REG	___ DEALER	___ PSA	___ INFOMERCIAL	___ OTHER
___ SHORT-LIFE	___ 7 DAYS	___ 14 DAYS	___ 31 DAYS	___ 45 DAYS	___ CHANGES
___ SAG CDN\$ (2404a)	___ SAG US\$ (2404b)	OTHER COUNTRIES: ___ (2405)		___ (2406)	

Commercial Name	Dates	Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Children: Yes ___ No ___ **Group Background:** Yes ___ No ___ No. per Day _____

Nude Scenes: Yes ___ No ___ **Stunts:** Yes ___ No ___ Type _____

Weather Permitting: Yes ___ No ___ **Weekend or Night Production:** Yes ___ No ___

Performer	Age (if under 16)	Category	Rate	Location
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Note: Please use separate sheet for additional names.

Info. Received by _____ Date _____

Steward's Signature _____