

APPENDIX "E"
ACTRA-ICA/ICA COMMERCIAL CASTING/BOOKING CONFIRMATION FORM

Ad Agency _____
 Product _____
 Conflict Category _____
 Examples _____

PERFORMER PHOTO HERE

Performer Name _____
 Home Phone (____) _____
 Alternate Phone/Pager (____) _____
 Height _____ Weight _____
 Hair _____ Eyes _____
 Agent _____
 Agent Phone (____) _____

PSA – PUBLIC SERVICE ANNOUNCEMENT

Charity/PSA Yes ____ No ____
 Paid? Yes ____ No ____

ACTRA ACTRA UdA
 Member ____ Apprentice ____ Member ____

Audition: ACTRA ____ SAG ____ ACTRA/UdA ____

 Performer Signature

 Available: Yes ____ No ____
 Shoot Date

SIZES: Adult ____ Children ____

Pants/Skirt ____ Shirt/Blouse ____

Dress/Jacket ____ Shoes ____

Special requirements (e.g., allergies,
 asthma, vertigo):

Competitive products on air (see Article 2003,
 with the exception of seasonal commercials):

BOOKING CONFIRMATION

Category _____
Rates:
Session _____ Resid. _____ Other _____
Faxed to _____ From _____
Agent Fax No. _____ Rec'd. _____
Performer Fax No. _____ Rec'd. _____

NATIONAL ____	TV ____	RADIO ____
TAGS ____	REGIONAL ____	DEMO ____
	CHANGES ____	
SEASONAL ____	DEALER ____	PSA ____

LOCAL/ REGIONAL ____	INFOMERCIAL ____	OTHER ____
SHORT-LIFE ____	7 DAYS ____	14 DAYS ____
31 DAYS ____	45 DAYS ____	CHANGE ____

 Performer's Signature

Date _____

