ACTRA-ICA/ACA Full And Apprentice Members Commercial Audition Sign-in Time Sheet Part A

DATE: PAGE ______ OF _____ MONTH YEAR DAY ADVERTISING AGENCY ✓ CHECK APPROPRIATE BOX FAX THIS FORM WITHIN 2 DAYS OF THE AUDITION TO THE ADVERTISING AGENCY AND THE LOCAL ACTRA OFFICE: () Television () Radio AGENCY PRODUCER Newfoundland and Labrador () (709) 722-2113 Short-life Regional () (902) 422-0589 Maritimes PSA Infomercial () () (514) 844-2068 Montreal Internet () Joint Promotion () Ottawa (613) 565-4367 **FAX/TELEPHONE NUMBERS** SAG: CDN\$ () SAG: US\$ () Toronto (416) 928-2852 Manitoba (204) 947-5664 Advertiser (306) 359-0044 Saskatchewan Edmonton (780) 433-4099 SHOOT LOCATION (CITY) (403) 228-3299 Calgary UBCP (Vancouver) (604) 689-1145 **CASTING DIRECTOR** PRODUCT **PRODUCTION COMPANY** COMMERCIAL TITLE (NAME AND NUMBER) INTENDED USE LINE PRODUCER INTENDED PRODUCTION DATE

PLEASE PRINT CLEARLY ON THIS FORM

THE SECTION BELOW IS TO BE COMPLETED BY PERFORMERS

ΝΑΜΕ	ACTRA NUMBER	TALENT AGENCY	Specific Role	Audition No. for Specific Role	Audition Arrival Time	AUDITION CALL TIME	Audition Time Out	Initial

Engager Signature_____

ACTRA-ICA/ACA Non-Members Commercial Audition Sign-in Time Sheet Part A

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DAY	MONTH	YEAR								
✓ Снесн	APPROPRIATE	вох	Advertising Agency	THE AUDITION TO THE						
		Advertising Agency and the LC	OCAL ACTRA OFFICE:							
Regional (Infomercial () Radio) Short-li) PSA	()	Agency Producer	Newfoundland and Labrador Maritimes Montreal	(709) 722-2113 (902) 422-0589 (514) 844-2068					
SAG: CDN\$ (Fax/Telephone Numbers	Ottawa Toronto Manitoba	(613) 565-4367 (416) 928-2852 (204)947-5664						
Advertiser				Saskatchewan	(306) 359-0044					
		SHOOT LOCATION (CITY)	Edmonton Calgary UBCP (Vancouver)	(780) 433-4099 (403) 228-3299 (604) 689-1145						
Product				CASTING DIRECTOR						
			PRODUCTION COMPANY							
INTENDED USE				COMMERCIAL TITLE (NAME AND N	al Title (Name and Number)					
		LINE PRODUCER								
				INTENDED PRODUCTION DATE						

PLEASE PRINT CLEARLY ON THIS FORM

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THE SECTION BELOW IS TO BE COMPLETED BY PERFORMERS

Name	Address	TALENT AGENCY	Social Insurance Number	Specific Role	AUDITION NO. FOR SPECIFIC ROLE	Audition Arrival Time	AUDITION CALL TIME	AUDITION TIME OUT	INITIAL

Engager Signature_____

ACTRA-ICA/ACA COMMERCIAL AUDITION SIGN-IN SHEET PART B

THIS SECTION TO BE COMPLETED BY CASTING DIRECTOR

DATE:

DAY MONTH YEAR Page of

✓ CHECK APPROPRIATE BOX: TELEVISION ()	RADIO () INFO	OMERCIAL () OTHER (SPECIFY) () ON CAMERA () OFF CAMERA ()				
INTENDED USE	INSTITUTE (2300 Ye	DRM WITHIN 2 DAYS OF THE AUDITION TO 416-482-1856 DF COMMUNICATIONS AND ADVERTISING DNGE STREET, SUITE 500, BOX 2350 TORONTO, ONTARIO M4P 1E4	TOTAL NUMBER AUDITIONED				
CASTING DIRECTOR							
Product	JOB NUMBER	Advertising Agency & City	PRODUCTION COMPANY				

ω THIS SECTION TO BE COMPLETED BY PERFORMERS (PLEASE PRINT CLEARLY)

This is a VOLUNTARY form. You are NOT required to complete it. However, ACTRA and the ICA/ACA request that you complete this form so that it may be determined how well commercials reflect the ethnic, sexual and age differences in our society. To protect your privacy, names are not requested. Your ACTRA number is requested to ensure the legitimacy of this information.

Please place an X in the appropriate box: C=Caucasian; B=Black; AE=Afro-European; AP=Asian Pacific; EA=Eurasian; AFA=Afro-Asian; NAI=North American Indian; M=Métis; I=Inuit; LH=Latino/Hispanic; MENA=Middle Eastern/North African; IP=Indo-Pakistani.

ACTRA No.	INITIAL	Male	Female	Age	С	В	AE	AP	EA	AFA	NAI	М	LH	MENA	IP

Engager Signature