



<b>INTAKE BY:</b>	Date of (Circle One) Call / Letter / Visit / Email:
<b>Classification:</b> Principal <input checked="" type="checkbox"/> <del>Stunt Performer</del> <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Voice Over <input checked="" type="checkbox"/> <del>Background</del> <input type="checkbox"/> Extra (commercial) <input type="checkbox"/> Other (Specify: _____)	<b>Production Type:</b> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> <del>PSA</del> Infomercial <input type="checkbox"/> Theatrical <input type="checkbox"/> Music Video <input type="checkbox"/> Interactive <input type="checkbox"/>
<b>Engagement:</b> Daily    3-Day    Weekly <u>Salary:</u> \$	Minor:    Yes    No    Parent/Guardian: _____

<b>PERFORMER:</b>	Social Security #:
Address:	Member #:
	E-mail:
Home Phone:	Agency/Agent:
Cell Phone:	Agent Contact #:

<b>SIGNATORY:</b>	Production Company:
Product:	Payroll Co:
Title:	Commercial ID/Ad-ID:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

<b>DESCRIPTION OF CLAIM:</b> (If upgrade, please accurately describe what you're wearing and the scene you appear in)

I declare under penalty or perjury under the law that the foregoing is true and correct.  
X \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Assigned to:		
Claim #:	Oracle #:	Issue:
Signatory Number:		Production Number:
Signatory Contact:		Production Contact:
Signatory Phone Number:		Production Phone Number:
Signatory E-mail/Fax #:		Production E-mail/Fax #:
Signatory Address:		Production Address: