EXHIBIT D AUDIO COMMERCIAL AUDITION REPORT

U WHERE APPLICABLE	TO BE	PAGE	OF		
ANNOUNCER / ACTOR GROUP PERFORMER SOLO / DUO TRANSLATION SERVICES		Person to whom correspondence concerning this form shall be sent Name and Telephone Number:	AUDITION DATE:		
INTENDED USE:		ADVERTISER:			
NAME OF CASTING REPRESENTATIVE:		COMMERCIAL TITLE, NAME AND Ad-ID [®] :	JOB NUMBER:		
ADVERTISING AGENCY AND CITY:		PRODUCT:	PRODUCTION COMPANY:		
	INSTRUCTIONS: Circle below the name of the perf	former hired, if known. Mail one copy to SAG-AFTRA on the 1st a	and 15th of each mon	th.	

PERFORMERS ARE REQUIRED TO SIGN IN AND SIGN OUT, WITHOUT EXCEPTION.

	MEMBER						CIRCLE INTERVIEW				GEND	ER (X)
PERFORMER'S NAME	NUMBER or SOCIAL	AGENT	ACTUAL	TIME	TIME					Μ	F	
(PRINT)	SECURITY NUMBER	(PRINT)	CALL	IN	OUT	INITIAL	NUMBER					
							1st	2nd	3rd	4th		
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							1st	2nd	3rd	4th		

This recorded audition material will not be used as a client demo, an audience reaction commercial, for copy testing, or as a scratch track without payment of the minimum compensation provided for in the Commercials Contract and shall be used solely to determine the suitability of the performer for a specific commercial.

The only reason for requesting information on gender is for the talent union to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Authorized Representative's signature on this form shall not constitute a verification of the information supplied by performers.

Mail one copy to SAG-AFTRA on the 1st and 15th of each month.

AUTHORIZED REPRESENTATIVE SIGNATURE: ______