



SAG-AFTRAMUSICDEPARTMENT

INFORMATION SHEET - SAG-AFTRA Music Video Agreement

Date _____

COMPANY INFORMATION (OWNER OF MASTER SOUND RECORDING):

Company Name: _____

Address: _____
(Number and Street) (City) (State) (Zip code)

Telephone: _____ Email: _____

Company Contact Name: _____

MUSIC VIDEO INFORMATION:

Featured Artist: _____

Song Title: _____

Record Label (or indicate if none): _____

Shooting Location: _____
(Address/Location) (City) (State) (Zip code)

Date(s) and Time(s) of Principal Photography: _____

Budget (projected): _____ Edited running time in minutes (projected): _____

Total Number of Principal Performers: _____

SAG-AFTRA Member(s): _____

Member ID Number(s): _____