

Pre-Production Cast List

Moderate Low Budget Project and Low Budget Theatrical Agreements

Please complete all fields.

Project Title:			
Signatory Producer:			
Contact Person:		Title:	
Phone:		Email:	
Earliest Performer Travel Date(s): _		Earliest Rehearsal Date(s):
Principal Photography START DATE	:	Principal Photography E	ND DATE:
Total number of:			
Shooting Days: Prin	icipal Performers [inclu	uding stunt performer(s) and st	unt coordinator(s)]:
SAG-AFTRA Members: Min	ors:		
Complete all of the following that ap Stunt Coordinator Name:		Stunt Coordinator Phone	/Email:
Studio Teacher Name:		Studio Teacher Phone/Er	
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Please include a line for **every principal performer** that you intend to hire, including stunt performers and stunt coordinator(s). If a role has not yet been cast, please insert "TBC" for the performer's name.

Submit an updated version of this document as "TBC" roles are cast.

*If you are applying to utilize the **Diversity in Casting Incentive**, please indicate how performer satisfies the Diversity in Casting Incentive requirements. For each applicable performer, enter the category abbreviation:

Person Of Color – "POC" Female – "F" Performer With Disability – "PWD" Senior – "S"

Character Name	Performer's Name and Contact Number	SAG- AFTRA ID# <u>or</u> Last Four Digits SSN	Agent's Name and Contact Number	Total Days <u>or</u> Weeks of Employment	Base Rate	Total Earnings	*Diversity Category
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