Pre-Production Cast List





Please complete all fields.

Project Title:						
Signatory Producer:						
		Title:				
Phone:		Email:				
	pate(s):	Earliest Rehearsal Date(s):				
Principal Photography STA	RT DATE:	Principal Photography END DATE:				
Total number of:						
Shooting Days:	Principal Performers [inclu	ding stunt performer(s) and stunt coordinator(s)]:				
SAG-AFTRA Members:	Minors:					
• • •	g that apply to your project:	Stunt Coordinator Phone/Email:				
Studio reacher Name:		Studio Teacher Phone/Email:				

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.

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