

## **Pre-Production Cast List**

Ultra Low Budget Project Agreement

Please complete all fields.

Project Title:					
Signatory Producer:					
Contact Person:		Title:			
Phone:		Email:			
Earliest Performer Travel Date(s): Principal Photography START DATE:		Earliest Rehearsal Date(s):  Principal Photography END DATE:			
Total number of:					
Shooting Days:	Principal Performers [incl	uding stunt performer(s) and stunt coordinator(s)]:			
SAG-AFTRA Members:	Minors:				
Complete all of the following	g that apply to your project:				
Stunt Coordinator Name:		Stunt Coordinator Phone/Email:			
		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# <u>or</u> Last Four Digits SSN	Agent's Name and Contact Number	Total Days of Employment	Base Day Rate	Total Earnings
				Days	\$	\$
				Days	\$	\$
				Days	\$	\$
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