

Student Film Agreement Pre-Production Cast List

Please complete all fields.

Project Title:							
Signatory Student Produc	er:						
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 Per	formers [includi	ng stunt performer(s) and stunt coordinator(s)]:				
SAG-AFTRA Members:	Minors:						
Complete all of the follow	ing that apply to	your project:					
Stunt Cool	rdinator	Name:	Stunt Coordinator Phone/Email:				
Studio Teacher 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- AFTR A ID# or Last Four Digits SSN	Agent's Name and Contact Number	Total Days of Employment	Base Day Rate	Total Earnings	Deferred Pay? (Y or N)
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	
				Days	\$	\$	

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