Short Project Agreement
Pre-Production Cast List

Please complete all fields.

Project Title: _____
Signatory Company or Individual: _____
Contact Person: _____ **Title:** _____
Phone: _____ **Email:** _____

Earliest Performer Travel Date(s): _____ **Earliest Rehearsal Date(s):** _____
Principal Photography START DATE: _____ **Principal Photography END DATE:** _____

Total number of:
Shooting Days: _____ Principal Performers [including stunt performer(s) and stunt coordinator(s)]: _____
Background Actors: _____ Minors: _____

Complete all of the following that apply to your project:
Stunt Coordinator 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-AFTRA ID# or Last Four Digits SSN	Agent's Name and Contact Number	Total Days of Employment	Base Day Rate	Total Earnings
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
				_____ Days	$	$
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