



Spanish Dubbing Preliminary Information Sheet

Project Title: _____

Season Number (if applicable): _____

Signatory Company: _____

Signatory Contact: _____

Phone: _____ Email: _____

Distribution Agreement (current or pending): YES NO

With Whom? _____

Recording Studio Address: _____

Original Language: _____

(Provide verification or link of original language project) _____

Project Format: Series Multi-Part Feature Other: _____

Project Type: Live Action Animation

Program/Episodic Runtime (if applicable, combined two segment length for animation): _____

Budget: _____

Number of Episodes: _____ Number of Performers (if known): _____

Recording Start Date: _____ Recording End Date: _____

Do You Intend To Use Any of the Following? Minors Singers