



**SAG-AFTRA  
CORPORATE/EDUCATIONAL/NON-BROADCAST AUDITION REPORT**

Exhibit III  
PAGE \_\_\_\_ OF \_\_\_\_

**TO BE COMPLETED BY CASTING DIRECTOR**

|  |   |  |                         |
|--|---|--|-------------------------|
| (X) WHERE APPLICABLE<br>DAY PERFORMER <input type="checkbox"/> | OFF-CAMERA <input type="checkbox"/><br>ON-CAMERA NARRATOR/SPOKESPERSON <input type="checkbox"/> | BACKGROUND <input type="checkbox"/><br>SINGER/DANCER <input type="checkbox"/>              | AUDITION DATE           |
| INTENDED USE   | CATEGORY I <input type="checkbox"/><br>CATEGORY II <input type="checkbox"/>                     | Person to whom correspondence concerning this form shall be sent:<br>(Name & Phone Number) |                         |
| CASTING REPRESENTATIVE NAME                                    | PROGRAM TITLE - NAME & NUMBER   |  | PRODUCT OR COMPANY NAME |
| PRODUCT/SERVICE  | JOB NUMBER  | SIGNATORY COMPANY NAME   | PRODUCTION COMPANY      |

**TO BE COMPLETED BY PERFORMERS**

| NAME<br>(PRINT) | MEMBERSHIP NUMBER | AGENT<br>(PRINT) | ACTUAL<br>CALL | TIME<br>IN | TIME<br>OUT | INITIAL | CIRCLE<br>INTERVIEW<br>NUMBER | SEX (X) |   | AGE (X) |     | ETHNICITY (X) |   |   |    | PWD<br>(X) |
|-----------------|-------------------|------------------|----------------|------------|-------------|---------|-------------------------------|---------|---|---------|-----|---------------|---|---|----|------------|
|                 |                   |                  |                |            |             |         |                               | M       | F | 40+     | -40 | AP            | B | C | LH |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |
|                 |                   |                  |                |            |             |         | 1st 2nd 3rd 4th               |         |   |         |     |               |   |   |    |            |

AUTHORIZED REPRESENTATIVE SIGNATURE: \_\_\_\_\_

The use of this form is at the option of the Employer. The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Authorized Representative's signature on this form shall not constitute a verification of the information supplied by performers.

|                           |   |     |                 |    |    |
|---------------------------|---|-----|-----------------|----|----|
| Asian/Pacific             | - | AP  | Latino/Hispanic | -  | LH |
| Black                     | - | B   | Native American | -  | NA |
| Caucasian                 | - | C   | Other           | -- | O  |
| Performer with Disability | - | PWD |                 |    |    |