

THEATRICAL INFORMATION SHEET

(Motion Pictures made for initial theatrical release only)

Theatrical Trailer/Promo
Low Budget Dubbing
AA Low Budget Modified LB
Ultra LB Other

Title:			_ Start Date:	Com	Completion date:	
Company Name:			_ Phone:			
Street Address:	City		/:	St:	Zip:	
<u>FINANCE</u>						
Structure: Federal ID#:	State:	Corp: L	LC: Partnership	: Joint Ventu	ıre Sole Ownership	
Budgets: Total:	P	erformers:_		_ Background A	ctors:	
Financed by:			Se	ecurity Agreeme	nt: Yes No	
Dis't Agreement w/:			Include TV: Yes	S No E	Exp. Date	
Buyer's Assumption Agreement: No						
Payroll House (Principals):					:	
				Phone:		
Bank:/_						
Name		anch	Staff Referral		cc't #	
<u>STAFF</u>						
Producer:						
Screenplay By:						
Principal Casting:						
Background Casting:	Cor	ntact:		_ Phone #		
PRODUCTION						
Number of Performers: Weekly:	Daily	:	# of Bad	ckground Actors:		
Studio Facilities:		L	ocations:			
Number of shooting days:	_ City		·	State:		
INSURANCE CARRIERS						
Workers' Comp:		Air	line (as applicable):			
Public Liability/Disability:						
CORPORATE STRUCTURE			LIMITED LIABILITY CO	OMPANY		
President:			Manager:			
Vice President:						
Secretary:			Member:			
PARTNERSHIP/JOINT VENTURE (Info. on each Name:	•		SOLE OWNERSHIP			
Name:Res. Address:			Name: Res. Address:			
Phone#:		_	Phone#:			
Name:			SS#			
Res: Address:						
			artner is not an individual,	attach additional pages	s to show corporation structure, or	
Phone#:		if p	if partnership, partner's residence address)			
D.	Data		D		Dete	
By:		-	By:			
Producer Representative (officer, partner, owner)			SAG-AFTRA Representative			