

**APPENDIX "C"**

**PRODUCTION INFORMATION SHEET**

	Production Title:		
	Type of Production:	Length of Program:	# of Episodes:
	Start Date:	Wrap Date:	
	Executive Producer(s):		
Producers(s):		Director:	
Production Manager:		Production Coordinator:	
Casting Director(s):		Background Performer Casting Director:	
Appendix "A" Signatory: Yes    No    If yes, please specify which company:			
Production Entity:			
Production Entity Address:			
Telephone #:	Fax #:	Email address designated by Producer:	
Production Accountant		CFTPA Membership #:	
Contact Person After Wrap:		Payroll Company:	
Address After Wrap:			
Telephone #:	Fax #:	Email:	
Distributor:		Telephone #:	
Address:		Fax #:	
Use Fee:	%	Declared Use:	
First Release Date:		Media Type:	
Number of Non-Canadian Performers:		Names:	
Non-Canadians Engaged Under: UBCP Contract <input type="checkbox"/> SAG Contract <input type="checkbox"/> Other: <input type="checkbox"/> Please specify:			
Number of Canadian "Principal" Roles:		Number of Canadian "Actor" Roles:	
Number of Scheduled Stunt Days:		Name of Stunt Coordinator:	
Nude Scenes: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, names of any Performers performing nude:			
Minors:    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and telephone # of tutor if applicable:			
Locations Outside Studio Zone: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:			
PLEASE FORWARD TO THE UNION OFFICE:    SCRIPT    CAST LIST    CREW LIST    DAY-OUT-OF-DAYS AUDITION LISTS    SHOOTING SCHEDULE    EXTRAS LISTS			