



84%



CAST DEAL MEMO

PRODUCTION COMPANY _____ DATE _____
 ADDRESS _____ PHONE # _____
 _____ FAX # _____
 SHOW _____ EPISODE _____
 CASTING DIRECTOR _____ PROD # _____
 ARTIST _____ SOC.SEC. # _____
 ADDRESS _____ PHONE # _____
 _____ MESSAGES _____
 ROLE _____ START DATE _____

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> ACTOR | <input type="checkbox"/> THEATRICAL | <input type="checkbox"/> DAY PLAYER |
| <input type="checkbox"/> SINGER | <input type="checkbox"/> TELEVISION | <input type="checkbox"/> 3-DAY PLAYER |
| <input type="checkbox"/> STUNT | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> WEEKLY |
| <input type="checkbox"/> OTHER _____ | | |

COMPENSATION \$ _____ PER DAY WEEK SHOW
 # DAY/WEEKS DATES

TRAVEL	_____	_____
REHEARSAL/FITTINGS	_____	_____
PRINCIPAL PHOTOGRAPHY	_____	_____
ADDITIONAL SHOOT DAYS	_____	_____
POST PRODUCTION DAYS	_____	_____

PER DIEM/EXPENSES _____

TRANSPORTATION/TRAVEL _____

ACCOMMODATIONS _____

OTHER _____

BILLING _____

PAID ADVERTISING

AGENT _____ HOME # _____
 AGENCY _____ OFFICE # _____
 ADDRESS _____ FAX # _____

LOAN OUT

CORPORATION NAME _____

Address _____

Federal I.D. # _____

CONTRACT PREPARED BY _____ DATE SENT OUT _____

SENT: To Agent To Artist To Set

SENT SCRIPT NOTIFIED WARDROBE STATION 12 INSURANCE PHYSICAL

APPROVED BY _____ TITLE _____

