

CAST DEAL MEMO

PRODUCTION COMPANY _____ DATE _____

ADDRESS _____ PHONE # _____

_____ FAX # _____

SHOW _____ EPISODE _____

CASTING DIRECTOR _____ PROD # _____

ARTIST _____ SOC.SEC. # _____

ADDRESS _____ PHONE # _____

_____ MESSAGES _____

ROLE _____ START DATE _____

- ACTOR
- SINGER
- STUNT
- OTHER _____
- THEATRICAL
- TELEVISION
- OTHER _____
- DAY PLAYER
- 3-DAY PLAYER
- WEEKLY

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 _____