

CAST DEAL MEMO

Cast Member: _____ Role: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell _____

E-mail Address: _____

Social Security No. _____ SAG Member yes no

Name of Filmmaker: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell _____

E-mail Address: _____

Producer: _____

Tentative Title of Film: _____

Starting Date: _____

Contemplated Ending Date: _____

Compensation (if applicable): _____ Daily Weekly Other

	Number of Days	Rate (if applicable)
Fittings	_____	_____
Rehearsal	_____	_____
Principal Photography	_____	_____
Additional Shoot Dates	_____	_____
Post Production Days	_____	_____

Travel/Accommodations _____

Per Diem _____

Billing: _____

Other Terms: _____

Employer of Record: _____

Address: _____

City: _____ State: _____ Zip: _____

AGREED TO AND ACCEPTED:

Cast Member _____ Date _____

Producer _____ Date _____

If Signatory is under 18:

I represent and warrant that I am the parent or legal guardian of the minor whose name appears above, that I have read and approve of the foregoing Agreement, and consent to its execution by my child/ward.

Signature of Parent or Guardian Printed Name Date