



Television & New Media Project Information Sheet

PLEASE SUBMIT AT LEAST 3 WEEKS PRIOR TO THE START OF PRODUCTION

**Live Action
Animation**

PROJECT TITLE: _____

Project Format: Pilot Series Movie Multi-Part Other: _____

Production Genre: Dramatic/Sitcom Reality Talk Show Documentary Game Show

Intended Initial Exhibition: Television Internet DVD Other: _____

For Television Projects: Network TV CW Basic Cable Pay TV Syndication PBS

Initial Television Exhibition Market (Note TV Channel): _____

URL (REQUIRED for Internet Exhibitions): _____

Will this content be available for download?: Yes No

Product or Service associated with the project?: _____

Project Description: _____

Shooting Location(s) (city, state, country): _____

Studio Name & Address: _____

Travel Date(s): _____

Rehearsal Date(s): _____

**Principal Photography
START DATE:** _____

**Principal Photography
END DATE:** _____

Program Length: _____

Number of Episodes: _____
(If applicable)

**Total
Budget: \$** _____

**Principal
Budget: \$** _____

**Background
Budget: \$** _____

Are you deferring payment to Performers? Yes No
(Applicable to New Media Productions ONLY)

Do you plan to use any of the following in your production? (Please check all that apply.)

Animals Dancers Minors Nudity Puppets Singers Stunts

Signatory Company OR Individual Name: _____

Signatory Address: _____

Contact Person: _____

Title: _____

Phone: _____

Email: _____

Company Structure: Fed. ID#: _____ State: _____ Corp: LLC: Partnership: Other: _____
(If applicable)

Casting: Principals: _____ Background: _____

Payroll House: Principals: _____ Background: _____

Project Financed by: _____

Copyright Holder: _____

Screenwriter(s): _____

Distribution Agreement with: _____

Licensing Agreement with: _____

Intended distribution beyond TV/New Media: _____

Intended Revenue Sources: _____

Insurance Carrier: Workers Comp: _____ Airline (where applicable): _____
Public Liability & Errors &
Public Disability: _____ Omissions: _____

PERFORMER INFORMATION

Total number of Principal Performers: _____

Total number of Background Performers: _____

Number of SAG-AFTRA Members currently cast: _____

(Please note at least 1 (one) SAG-AFTRA member must be cast in order to proceed with the signatory process for NEW MEDIA projects. Please list all SAG-AFTRA members on the attached Pre-Production Cast List prior to submission.)

ADDITIONAL DOCUMENTS

The following documents must be included with your submission in order to proceed with the signatory process:

- ✓ Pre-Production Cast List (Attached)
- ✓ Line-Item Budget
- ✓ Copy of the Script (Treatments/Outlines are acceptable for non-scripted projects.)
- ✓ Signatory Verification
 - Copy of Personal Photo ID (If signing as an Individual)
 - Formation Documents (If signing as a Corporation, LLC, etc.)

SUBMISSION PROCESS

Please email the completed Preliminary Project Sheet and all documentation noted above to:

- For TELEVISION Projects: SignTVProjects@sagaftra.org
- For NEW MEDIA Projects: SignNMProjects@sagaftra.org

After your paperwork has been reviewed, a Business Representative will contact you with further information.

Please allow 2-3 business days for review and assignment.

THIS FORM MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE SIGNATORY COMPANY.

I hereby certify the information stated above is true and accurate.

Signature: _____

Date: _____

Print Name: _____

Title: _____

