ACTRA CASTING DATA REPORT

PART A <u>*To be completed by Casting Director</u>** **Date:**_____

(X) WHERE APPLICABLE..TELEVISION( ) FILM( ) FEATURE( ) SERIES( ) OTHER SPECIFY ( ) OFF-CAMERA ( )ON-CAMERA( )

INTENDED USE:	FAX THIS SHEET TO: 416-928-2026 ACTRA, 625 Church Street, 2nd Floor Toronto, ON M4Y 2G1	TOTAL NUMBER AUDITIONED:
CASTING DIRECTORS NAME:	PRODUCTION TITLE:	PRODUCTION CO.:

<u>*To be completed by Performers</u>**

<u>PLEASE PRINT</u>

								Interview Number				INITIAL
NAME	ACTRA NUMBER	AGENT	ROLE	CALL TIME	TIME IN	TIME OUT	INITIAL	1	2	3	4	DECLINE

ACTRA CASTING DATA REPORT

PART B **<u>***To be completed by Casting Director</u>** **Date:**_____

(X) WHERE APPLICABLE..TELEVISION( ) FILM( ) FEATURE( ) SERIES( ) OTHER SPECIFY ( ) OFF-CAMERA ( )ON-CAMERA( )

INTENDED USE:	FAX THIS SHEET TO: 416-928-2026- ACTRA, 625 Church Street, 2nd Floor Toronto, ON M4Y 2G1	TOTAL NUMBER AUDITIONED:
CASTING DIRECTORS NAME:	PRODUCTION TITLE:	PRODUCTION CO.:

<u>*To be completed by Performers</u>**

This a VOLUNTARY Form. You are NOT required to complete it. However, ACTRA requests that you complete this form so that it may be determined how well Independent Production reflect the ethnic, sexual and age differences in our society. Names are not requested to protect your privacy. Your ACTRA number is requested to insure the legitimacy of this survey.

C=Caucasian **B**=Black **AE**=Afro-European **AP**=Asian-Pacific **EA**=Eurasian **AFA**=Afro-Asian **NAI**=North American- Indian **M**=Metis **I** = Inuit **LH**=Latino-Hispanic **MENA**=Middle-Eastern/North African **IP**=Indo-Pakistani

(Place X in the appropriate box)

ACTRA number	initial	Male	Female	Age	C	B	AE	AP	EA	AFA	NAI	M	I	LH	MENA	IP