



**PRODUCTION FORM**  
for INDEPENDENT PRODUCTION

ACTRA Production ID
Internal Use Only

**Production Information**

Production Title: \_\_\_\_\_ ISAN: \_\_\_\_\_

Production Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ eMail: \_\_\_\_\_

Payroll Company Name: \_\_\_\_\_ Business Rep: \_\_\_\_\_

Rehearsal Start Dt: \_\_\_\_\_ Shoot / Recording Start Dt: \_\_\_\_\_ Shoot/ Recording End Dt: \_\_\_\_\_ Prod Length in Mins: \_\_\_\_\_

Voluntary Recognition Agreement Sent: \_\_\_\_\_ Security Agreement Sent: \_\_\_\_\_ Location(s): \_\_\_\_\_

Declared use: \_\_\_\_\_ Prepayment: \_\_\_\_\_ Animation Prepay \_\_\_\_\_ New Media Discount \_\_\_\_\_

Accident Injury Ins. Cert. # (A524): \_\_\_\_\_ Advance: \_\_\_\_\_ CIPIP Discount:  Specify: \_\_\_\_\_

**Type of Production (Check all that apply)**

Feature:  M.O.W:  Series:  # of Episodes: \_\_\_\_\_ Seasons/Cycle: \_\_\_\_\_

Documentary:  Reality:  CoTreaty:  Country: \_\_\_\_\_ Other:  Specify: \_\_\_\_\_

Animation:  TIP/AIP:  Industrial:  Pilot:  New Media Type: \_\_\_\_\_

**Personnel**

Exec Producer & Company: \_\_\_\_\_

Producer(s): \_\_\_\_\_ Producer eMail: \_\_\_\_\_

Line Producer: \_\_\_\_\_ Director: \_\_\_\_\_

Prod. Manager: \_\_\_\_\_ Prod. Mgr. eMail: \_\_\_\_\_

Prod. Accountant(s): \_\_\_\_\_ Prod. Acct.eMail: \_\_\_\_\_

Casting Director: \_\_\_\_\_ BG Casting Director: \_\_\_\_\_

Prod. Coordinator: \_\_\_\_\_ Prod. Secretary: \_\_\_\_\_

Asst. Director: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Cast Names**

Non-Canadian: \_\_\_\_\_

Canadian Leads: \_\_\_\_\_

Principal Actor Roles: \_\_\_\_\_ Actor Roles: \_\_\_\_\_ Background Days: \_\_\_\_\_ Additional BG: \_\_\_\_\_

Minors: \_\_\_\_\_ If Yes see Appendices as per A2704 Nude Scene: \_\_\_\_\_ If Yes See A2402

Stunts:  Stunt Coordinator: \_\_\_\_\_

Stunt Description: \_\_\_\_\_

**Broadcaster / Distributor Information**

Company Name: \_\_\_\_\_ Distributor Name: \_\_\_\_\_

Broadcast Exec: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

eMail: \_\_\_\_\_ Prov/State: \_\_\_\_\_ eMail: \_\_\_\_\_

1st Broadcast Window: \_\_\_\_\_ Country: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_

**Financing**

Public:  Private:  Canadian:  Foreign:

Funding Sources: \_\_\_\_\_

Total Budget: \_\_\_\_\_ Total Cast Budget: \_\_\_\_\_ CDN Cast Budget: \_\_\_\_\_ FRGN Cast Budget: \_\_\_\_\_

Comments (Internal use only): \_\_\_\_\_