******PLEASE PRINT CLEARLY IN EACH COLUMN TO ENSURE PAYMENT******

ACTRA-ICA/ACA Non - Members Commercial Audition Sign-in Time Sheet Part A

Date: _____ _____ _____ Page _____ of_____

Day Month Year

Check Appropriate Box	**Advertising Agency**	**Fax this form within 2 days of the audition to the Advertising agency and the local ACTRA office:**
Television ( ) Radio ( ) Regional ( ) Short Life ( ) Infomercial ( ) PSA ( ) Internet ( ) Joint Promotion ( ) SAG: CDN$ ( ) SAG: US$ ( )	**Agency Producer** **Fax / Telephone Numbers**	Newfoundland & Labrador (709) 722-2113 Maritimes (902) 422-0589 Montreal (514) 844-2068 Ottawa (613) 565-4367 Toronto (416) 928-2852 Manitoba (204) 947-5664 Saskatchewan (306) 359-0044 Edmonton (780) 433-4099 Calgary (403) 228-3299 UBCP (Vancouver) (604) 689-1145
Advertiser	**Shoot Location (City)**	
Product	**Production Company**	**Casting Director**
Intended Use	**Line Producer**	**Commercial Title (Name and Number)** **Intended Production Date(s)**

The section below is to be completed by performers

Name	Address	Talent Agency	Special Wardrobe/Costume Required by Casting	Specific Role	Audition Number for Specific Role	Audition Arrival Time	Audition Call Time	Audition Time Out	Initial

APPENDIX "F" (PART A)