Project:	
This deal memo must NEVER be sent to any ago	ent, manager, or actor. It is for in-house use ONLY!
Role:	Date:
1. <u>SAG</u> : Yes No Low Buc	dget Affirmative Action Low Budget Schedule
Note: If SAG Affirma	ative and/or Low Budget:
Performer must check "does agree" to waiving of weeke	end premiums and consecutive employment on SAG contract.
2. PERSONAL INFORMATION:	3. AGENT :
Performer:	Agency:
Address:	Address:
Phone:	Phone:
Phone:	Phone:
SS#:	Fax:
DOB:	Add'l Contact:
Direct Employment Loan Out	4. MANAGER :
If Loan Out, Corporation Name:	Company:
Corp. Address	Address:
Federal ID#	Phone:
If Affirmative Action, Ethnic Background:	Phone:
	Fax:
5. ATTORNEY:	
Phone:	Firm:
Phone:	Address:
Fax:	
(1	more)
`	Approval Initials:

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Project:		D -1				
Performer:		Kole: _				
6. ENGAGEMENT INFORM	ATION:		_5-day	6-day		
Start Date of Principal Photogra	ıphy:	Artist's	Start Date:			
Artist's Week Starts On:						
Travel Days & Dates:						
If Drop/Pick-up: Drop Date:		Pick-up	Pick-up Date:			
7. <u>COMPENSATION</u> :						
Total Actor Co	mpensation	Schedule A	Sch	edule B		
Guar. Days:	<u> </u>	/day				
Guar. Weeks:	<u> </u>	/week				
If Guar. Weeks,	# of Pro-rated da	ys for last week of	work:	<u> </u>	/day	
\$ Total Guarante	ee (only if applica	able)				
<u>\$</u>	Actor Compensa	tion (if applcbl.)	Sched A	Sched B	Sched F	
Guar. Days:	<u> </u>	/day (based on	SAG scale I	Low Budget +	GTY)	
Guar. Weeks:	@ \$	/week (based o	on SAG scale	Low Budget -	+ GTY)	
Guarantee includ	les Pre-paid Ovei	rtime & 6 th Day Pa	y	Yes	No	
If Guar. Weeks,	# of Pro-rated da	ys for last week of	work:	@ \$	/day	
Number of Rehe	arsal Days includ	led in Guarantee:				
# of Addt'l Photo	og. and/or Post Pr	roduction Services	(ADR/Loop	ing) Days in G	uarantee:	
W	vork days over _		shooting da	ys		
If there are any a	If there are any addt'l days beyond above guarantee, ea. addt'l shoot day shall be rate of: \$					
<u>\$</u>	ublicity Fee (if a	applicable) to be pa	aid on the ea	rlier of comple	tion of services or	
	and	d to be held if trust	by:			
<u>\$</u>	Exec Prod'r Fee	(if applicable) to be	e paid on ear	lier of comple	tion of services or	
	and	d to be held if trust	by:			
Does prepaid overage include 6	th day premium?	Yes	No			
Deferred:						
Schedule of Payment Terms:						
Backend:						
		(m ara)				
		(more)	App	roval Initials: _		

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Performer:			Role:			
8. CREDITS :						
On-Screen:	MAIN TIT	LES	SINGLE CARDSHARED CARD			
	ABOVE T	HE TITLE	_ BELOW THE TITLE			
	END TITLES		PRODUCER'S DISCRETION			
Position:			Type Size:			
Paid Ads:						
9. PUBLICIT	<u>Y</u> :					
Still Approval:	Yes	No				
% Solo Shots:		% Group Shots:	Number of Revisions:			
Likeness ApprovalLikeness Parity			Publicity Restrictions (list below):			
Publici	ty/Promotions/Spec	cial Appearances:				
Mercha	andising:					
Royalti	ies:					
Free VHS (upon release to the gen. public)			Free DVD (upon release to the gen. public) ghts Other:			
To/Fro	m Airports	To/From Set	Per Diem Amount:			
Living Accomm	modations:					
Travel:						
Set Facilities:						
11. OTHER :						
Prepared by:			Approved by:			
NB: If SAG non-S	Schedule F (including	any SAG minimum deal),	we must use SAG pre-printed contract form. Date on Day-			

NB: If SAG non-Schedule F (including any SAG minimum deal), we must use SAG pre-printed contract form. Date on Day-Out-of-Days.