SCREEN ACTORS GUILD

CASTING DATA REPORT

THIS FORM MUST BE COMPLETED FOR EACH MOTION PICTURE AND EACH EPISODE OF EACH SERIES PRODUCED FOR THE QUARTER IN WHICH PRINCIPAL PHOTOGRAPHY WAS COMPLETED.

See Reverse For Instructions

1) PRODUCTION COMPANY _____

2) QUARTER and YEAR _____

3) PROJECT (Title, Prod. No., etc.) _____

4) DESCRIPTION (Feature, M.O.W., TV Series, etc.) _____

5) TOTAL NO. OF DAYS OF PRODUCTION (Principal Photography Only) _____

6) DATA SUBMITTED BY _____
NAME

TELEPHONE NUMBER ( ) -

7) CHECK IF APPROPRIATE ☐ NO STUNTS

PART I

CATEGORY		8) FORM OF HIRING: DAILY	WEEKLY	SERIES	9) CAST TOTALS	10) NO. OF DAYS WORKED	11) AGE: UNDER 40	40 and OVER	UNKNOWN
MALE	LEAD								
	SUPPORT								
FEMALE	LEAD								
	SUPPORT								

PART II

CATEGORY		12) FORM OF HIRING						13) NO. OF DAYS WORKED		14) AGE					
		DAILY		WEEKLY		SERIES				UNDER 40		40 and OVER		UNKNOWN	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ASIAN/PACIFIC	LEAD														
	SUPPORT														
BLACK	LEAD														
	SUPPORT														
CAUCASIAN	LEAD														
	SUPPORT														
LATINO / HISPANIC	LEAD														
	SUPPORT														
N. AMERICAN INDIAN	LEAD														
	SUPPORT														
UNKNOWN / OTHER	LEAD														
	SUPPORT														