



CARLYN DAVIS
CASTING & PRODUCTION SERVICES, INC.

NON-UNION PRODUCTION REPORT

TALENT NAME:	CLIENT:
	DATE:
SOCIAL SECURITY #:	TIMES WORKED:
ADDRESS:	HOURS WORKED:
	RATE:
	TOTAL FEE:
TELEPHONE #:	LESS 15%:
CDC BOOKING AGENT:	TOTAL DUE:

COMMERCIAL **PSA** **PRINT** **RADIO** **INDUSTRIAL** **FEATURE FILM** **TV**

DATE(s) OF SESSION: _____

LOCATION/STUDIO STATE: _____

SPONSOR: _____

PRODUCT/COMMERCIAL ID: _____

ADVERTISING AGENCY: _____

PRODUCER: _____

DATES OF USE CYCLE: _____

MARKETS: _____

PRODUCTION LENGTH: _____

AGENT SIGNATURE: _____

ACTOR SIGNATURE: _____

PRODUCER SIGNATURE: _____

Talent will furnish services to those whom Casting Director directs as an independent Contractor and not as an employee of Carlyn Davis Casting. Talent will paid a gross fee, with no taxes withheld, and will be completely and solely responsible for all income and Employment taxes thereon. Talent will receive a 1099 if total fees received is over \$600 per year. Please initial. _____

REMARKS: