

INSTRUCTIONS

1. Indicate the Production Company (e.g. "THE ABC COMPANY").

2. Indicate the quarter/year (e.g. "1st quarter 1981").

The quarters consist of:

January — March	(1st)
April — June	(2nd)
July — September	(3rd)
October — December	(4th)

3. Indicate the name of the film for which you are reporting.

4. Indicate the type of project (feature, television movie, television pilot, television series, animation).

5. Use a number to respond to this question.

6. Indicate the name of person completing this form and the telephone number for same.

7. Two separate reports are required, one for Performers only and one for Stunt Performers only. If there were no Stunt Performers employed on the film, check the "No Stunt" box. If Stunt Performers were employed, complete the casting data report form for Stunt Performers.

8. Part I. Indicate the total number of lead and supporting Performers in each of the applicable categories.

9. Use numbers only to indicate the total number of Performers in the category.

10. Use numbers only to indicate the total number of days worked by ALL Performers in the category.

11. Use numbers only to indicate how many Performers were in each age group.

12. Part II. Indicate the total number of males and females in each category.

13. Use number only to indicate the total number of days worked by ALL the Performers in male and female category.

14. Use numbers only to indicate how many performers were in each age group.

****NOTE:** PLEASE MAKE EVERY EFFORT TO INSURE THAT YOUR NUMBERS CORRESPOND ACROSS AND AMONG PART I AND PART II.



SCREEN ACTORS GUILD

LOW-BUDGET
AFFIRMATIVE ACTION

48-A

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		FORM OF HIRING			CAST TOTALS	NO. OF DAYS WORKED	AGE:		
		DAILY	WEEKLY	SERIES			UNDER 40	40 to 60	60 & Over
MALE	LEAD								
	SUPPORT								
FEMALE	LEAD								
	SUPPORT								

PART II

CATEGORY		FORM OF HIRING						NO. OF DAYS WORKED		AGE					
		DAILY		WEEKLY		SERIES				UNDER 40		40 to 60		60 & Over	
		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														