

EXHIBIT E SCREEN ACTORS GUILD COMMERCIAL AUDITION REPORT

PAGE _____ OF _____

TO BE COMPLETED BY CASTING DIRECTOR

(X) WHERE APPLICABLE ON-CAMERA <input type="checkbox"/>	PRINCIPAL PERFORMER <input type="checkbox"/> OFF-CAMERA <input type="checkbox"/>	EXTRA PERFORMER <input type="checkbox"/>	AUDITION DATE
INTENDED USE	SAG <input type="checkbox"/> AFTRA <input type="checkbox"/>	Person to whom correspondence concerning this form shall be sent: (Name & Phone Number)	
CASTING REPRESENTATIVE NAME	COMMERCIAL TITLE - NAME & NUMBER		ADVERTISER NAME
PRODUCT	JOB NUMBER	ADVERTISING AGENCY AND CITY	PRODUCTION COMPANY

INSTRUCTIONS: For 3rd and 4th Auditions, please note for which role the performer is reading. If 3 or less performers are called back for that role, and none is on their 1st audition, no payment for the 1st two hours would be due.

* SPANISH LANGUAGE TRANSLATION SERVICES

TO BE COMPLETED BY PERFORMERS

NAME (PRINT)	*	SOCIAL SECURITY OR MEMBERSHIP NUMBER	AGENT (PRINT)	ACTUAL CALL	TIME IN	TIME OUT	INITIAL	CIRCLE INTERVIEW NUMBER	ROLE (IF 3RD OR 4TH AUD.)	SEX (X)		AGE (X)		ETHNICITY (X)					PWD (X)	
										M	F	40+	-40	AP	B	C	LH	NA		
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												
								1st 2nd 3rd 4th												

This recorded audition material will not be used as a client demo, an audience reaction commercial, for copy testing, or as a scratch track without payment of the minimum compensation provided for in the Commercials Contract and shall be used solely to determine the suitability of the performer for a specific commercial.

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Authorized Representative's signature on this form shall not constitute a verification of the information supplied by performers.

Asian/Pacific	- AP	Latino/Hispanic	- LH
Black	- B	Native American	- NA
Caucasian	- C	Performer with Disability	- PWD
Other	- O		

Mail one copy to SAG or AFTRA on the 1st and 15th of each month.

WHITE-UNION