



**UBCP/ACTRA**

**FOR OFFICE USE ONLY:**

- APPLICATION     AOS    STUNTS     AGREEMENT
- BUDGET     WORKSAFE     STC/STP     PERFORMER FORMS
- SCRIPT     MINORS     STC RESUME     FINAL CAST LIST
- CAST LIST     NUDITY     DESCRIPTION     GENDER & DIVERSITY
- CREW LIST     TRAVEL     CGL    ENTERED:  AMS  E-BOARD
- CSP     ACTSAFE
- CSP CHECKLIST

**40 UNDER INDIE- ULTRA-LOW BUDGET APPLICATION FORM**

FEATURE     SHORT FILM     WEB SERIES     OTHER \_\_\_\_\_

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES:    START:

END:

\*PRODUCER:

\*DIRECTOR:

LENGTH OF PRODUCTION (minutes):

INTENDED USE:

TOTAL PRODUCTION CASH COSTS (Must be \$40,000 or under): \$ \_\_\_\_\_

Please attach a copy of the budget which declares all **cash payments and donations**. All "in kind" donations do not form part of the total production cash cost amount but the known or estimated value of the donations are to be noted in a separate column on the budget.

PRE-SALES/DISTRIBUTION:

FUNDING SOURCES:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATIONS:    YES     NO

ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES  NO

PERFORMERS RECEIVING COMPENSATION: YES  NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions that have Stunts are required to obtain Commercial General Liability Insurance as per Schedule A – Please attach a copy of the certificate.

NUDE SCENES: YES  NO

If yes, names of any Performers performing nude:

MINORS: YES  NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT  CAST LIST  CREW LIST  BUDGET

I, \_\_\_\_\_ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE.

COMMENTS & QUESTIONS: