

EXHIBIT E 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	
DIRECTOR NAME		INTENDED USE		Person to whom correspondence concerning this form shall be sent: (Name & Phone Number)			
CASTING REPRESENTATIVE NAME		COMMERCIAL TITLE - NAME & Ad-ID®				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 a 1st audition, no payment for the 1st two hours would be due. Completion of the required information is necessary for performers to receive the following audition-related payments: 1) overtime, 2) 3rd and subsequent auditions for principals, and/or 3) audition/interview payments for extras.

PERFORMERS ARE REQUIRED TO SIGN IN AND SIGN OUT, WITHOUT EXCEPTION.

* LANGUAGE TRANSLATION SERVICES

TO BE COMPLETED BY PERFORMERS

NAME (PRINT)	*	MEMBERSHIP NUMBER OR SOCIAL SECURITY NUMBER	AGENT (PRINT)	ACTUAL CALL	TIME IN	TIME OUT	INITIAL	CIRCLE INTERVIEW NUMBER	ROLE (IF 3RD OR 4TH AUD.)	GENDER (X)	
										M	F
								1st 2nd 3rd 4th			
								1st 2nd 3rd 4th			
								1st 2nd 3rd 4th			
								1st 2nd 3rd 4th			
								1st 2nd 3rd 4th			
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								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 gender is for the talent union 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.

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

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