EXHIBIT E
SAG/AFTRA
COMMERCIAL AUDITION REPORT

PAGE _____ OF _____

TO BE COMPLETED BY CASTING DIRECTOR

(X) WHERE APPLICABLE
ON CAMERA ☐ PRINCIPAL PERFORMER ☐ EXTRA PERFORMER ☐
OFF CAMERA ☐ TELEVISION ☐ RADIO ☐

AUDITION DATE

INTENDED USE

UNION: SAG ☐ AFTRA ☐

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: Circle the name of principal performer if known.

* 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	SEX (X)		AGE (X)		ETHNICITY (X)					PWD (X)
									M	F	+40	-40	AP	B	C	LH	NA	
								1st 2nd 3rd 4th										
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The 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 in 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	— L
Black	— B	Native American	— NA
Caucasian	— C	Performer with Disability	— PWD

Mail top copy to SAG OR AFTRA on the 1st and 15th of each month.
WHITE-UNION