



## ACTRA - STUDENT PRODUCTION REGISTRATION FORM

SCHOOL NAME:

TITLE OF FILM:

NAME OF STUDENT PRODUCER:

NAME OF COURSE AND YEAR OF STUDY:

ADDRESS:

City, Province:

Postal Code:

PHONE:

EMAIL:

SHOOT DATE START:

SHOOT DATE END:

STUNT SCENES:            YES                      NO

STUNT COORDINATOR:

NUDE/ INTIMATE Sc.s: YES                      NO

INTIMACY COORDINATOR:

MINORS:                      YES                      NO

MINORS COORDINATOR:

NAME AND EMAIL OF PRACTICUM INSTRUCTOR:

I, the undersigned, and the producer and title-holder of the above-named student film, hereby agrees to and with ACTRA, representing ACTRA members engaged as performers in the film, to be bound by the Agreement entered between **the School** and ACTRA 2025-2027, receipt of which is hereby acknowledged.

The undersigned agrees to pay when due any fees due to performers as provided for in **the School/ACTRA** Agreement.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Student Producer

\_\_\_\_\_  
Print Name

Please return to ACTRA Toronto by email to [studentfilm@actratoronto.com](mailto:studentfilm@actratoronto.com), and to the School.

***Please attach a copy of the School's Anti-Violence and Anti-Harassment policy to this registration form, and ensure it is available on set.***