ACTRA

PERFORMER
WORK REPORT

ON-CAMERA ( )
OFF-CAMERA ( ) SHOOTING LOCATION : CREW CALL :

PRODUCTION TITLE:	DAY:	PRODUCTION COMPANY:	DATE:

ACTRA OR WORK PERMIT NO.	PERFORMER NAMES	CATE – GORY P, A, S*	S / W F / H TR / R * *	CALL TIME	TRAVEL TO: START	TRAVEL TO: FINISH	MAKE-UP WARDROBE: START	MAKE-UP WARDROBE: FINISH	SET TIME	( ) SUBSTANTIAL SNACK ( ) PLATEAU CONTINU ( ) NON DED. MEAL FIRST MEAL START	FIRST MEAL FINISH	SECOND MEAL START	SECOND MEAL FINISH	WRAP TIME	TRAVEL FROM: START	TRAVEL FROM: FINISH	STUNT ADJUST - MENT	PERF. INITIAL	PROD. INITIAL

CATEGORY: * P PRINCIPAL S STUNT ** S START F FINISH TR TRAVEL ORIGINAL TO: ACTRA

A ACTOR SI STAND IN W WARDROBE H HOLD R REHEARSAL 1 COPY TO THE: ENGAGER

CHECK APPROPRIATE BOX: LIP SYNC ( ) POST SYNC ( ) NARRATION ( ) ADR ( ) ANIMATION ( )

***** PLEASE CALL THE LOCAL ACTRA OFFICE PRIOR TO POST PRODUCTION *****