



EXHIBIT E

COMMERCIAL AUDITION REPORT

PAGE _____ OF _____

TO BE COMPLETED BY CASTING DIRECTOR

<input checked="" type="checkbox"/> WHERE APPLICABLE ON-CAMERA <input type="checkbox"/>	PRINCIPAL PERFORMER <input type="checkbox"/> OFF-CAMERA <input type="checkbox"/>	EXTRA PERFORMER <input type="checkbox"/>	AUDITION DATE
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
<p>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.</p> <p style="text-align: center;">PERFORMERS ARE REQUIRED TO SIGN IN AND SIGN OUT, WITHOUT EXCEPTION.</p>			

*** SPANISH 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.)	SEX (X)		AGE (X)				ETHNICITY (X)				PDW (X)
										M	F	40+	-40	AP	B	C	LH	NA		
								1st 2nd 3rd 4th												
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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 ethnicity, sex, age, and disability 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.

- | | | | | | |
|---------------|---|----|---------------------------|---|-----|
| Asian/Pacific | - | AP | Latino/Hispanic | - | LH |
| Black | - | B | Native American | - | NA |
| Caucasian | - | C | Performer with Disability | - | |
| Other | - | O | | - | PWD |

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

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