

SAG-AFTRA 2021 Dubbing Preliminary Information Sheet

Project Title: _____

Season Number (if applicable): _____

Signatory Company: _____

Signatory Contact: _____

Phone: _____ Email: _____

Distribution Agreement (current or pending): YES NO

With Whom? _____

Recording Studio Address: _____

Original Foreign Language: _____

Project Description:

(Provide verification of original foreign language project)

Project Format: Series Multi-Part Feature Other: _____

Project Type: Live Action Animation

Category: Cat I - Theatrical/Network Prime Time/Major Streaming (see agreement)

 Cat II- Other

Program/Episodic Runtime (if applicable, combined two segment length for animation): _____

Total Budget: _____

Number of Episodes: _____ Number of Performers (if known): _____

Recording Start Date: _____ Recording End Date: _____

Do You Intend To Use Any of the Following? Minors Singers