

KEY TO TYPE OF PERFORMANCE

- SC – Singers Contractor
- SS – Singers Soloist-Duo
- S-3 – Group Singers
- S-6 – Group Singers
- S-9 – Group Singers

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 is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of the information supplied by performers.

- (1) SEX – Male – M, Female – F
- (2) AGE – 40 & Over = +  
Under 40 = -
- (3) ETH. – Asian/Pacific -AP  
Black -B  
Caucasian -C  
Latino/Hispanic -LH  
Native American -NA  
Other -O

### EXHIBIT D SAG-AFTRA COMMERCIALS CONTRACT MEMBER-CONTRACTOR STANDARD REPORT FORM

#### OFF-CAMERA SINGERS

EMPLOYER: \_\_\_\_\_

Signature of Employer or Employer Representative: \_\_\_\_\_

SAG-AFTRA Reporting Member: \_\_\_\_\_

SAG-AFTRA Reporting Member's Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Engagement: \_\_\_\_\_ Studio Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Advertising Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Producer (if other than Agency): \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Advertiser: \_\_\_\_\_ Product: \_\_\_\_\_ Fees to Be Paid By: \_\_\_\_\_

Type of Commercial:      Dealer        Seasonal        Cable        Test Market        New Media        Non-Air

Wild Spot        Class A Program        Foreign        Theatrical/Industrial        Internet

Ad-ID Codes /Commercial Titles: \_\_\_\_\_

Performer's Name and Social Security Number	Performer To Initial	Type of Perf.	No. of Comm's	Hours Employed						Performer's Total Comp.	Check Appropriate Columns										Check if Disabled				
				Studio Time		Travel Time		Meal Period			Sex (1)		Age (2)		Ethnicity (3)										
				In	Out	In	Out	In	Out		M	F	M	F	AP	B	C	LH	NA	O					
				In	Out	In	Out	In	Out		M	F	M	F	AP	B	C	LH	NA	O					

Group Singer: Multi-tracking or sweetening:      Yes      No

Solo/Duo Multi-Tracking:                              Yes      No

Sweetening:      Yes      No

If yes, # of tracks: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

The information contained in this Report Form is obtained from the contract or contracts, oral or written, which the undersigned employer has entered into with the member of SAG-AFTRA whose names are listed hereon.

This engagement shall be governed by and be subject to the applicable terms of the SAG-AFTRA Commercials Contract.

The undersigned certifies that the foregoing information is true.

Employer or Representative of Employer

Pink Copy – Employer  
Yellow Copy – Member(s)  
White Copy – Mail to SAG-AFTRA