



STUDENT PRODUCTION REGISTRATION FORM

SCHOOL NAME:

TITLE OF FILM:

NAME OF STUDENT PRODUCER:

NAME OF COURSE AND YEAR OF STUDY:

ADDRESS:

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 **YORK UNIVERSITY** and ACTRA

dated _____, receipt of which is hereby acknowledged.

(Date of the **YORK UNIVERSITY**/ACTRA Agreement)

The undersigned agrees to pay when due any fees due to performers as provided for in the

YORK UNIVERSITY/ACTRA Agreement.

Dated at _____ this _____ day of _____, _____.

Signature of Student Producer

Print Name

Please return to ACTRA Toronto by email to studentfilm@actratoronto.com, and to YORK UNIVERSITY.

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