

CLAIM INQUIRY FORM – PRINCIPAL PERFORMERS – NEW YORK

Screen Actors Guild – New York
 360 Madison Ave., 12th Floor, New York, New York 10017
 Phone: 212-944-1030
 Fax: 212-944-6774
 www.sag.org



INTAKE BY:	Date of (Circle One) Call / Letter / Visit:
Classification: <input type="checkbox"/> Principal <input type="checkbox"/> Stunt Performer <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Voice-Over <input type="checkbox"/> Other (Specify: _____) Engagement: <input type="checkbox"/> Daily <input type="checkbox"/> 3-Day <input type="checkbox"/> Weekly	Production Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> PSA <input type="checkbox"/> Infomercial <input type="checkbox"/> Theatrical <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> New Media

PERFORMER:	Agent/Contact #:
Address:	
Home Phone:	Cell:
Email:	
Social Security #:	Member #:

SIGNATORY:	Production Company:
Product:	Payroll Co:
Title:	Commercial ISCI/Episode #:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

DESCRIPTION OF CLAIM: (If upgrade, please accurately describe what you're wearing and the scene you appear in)

FOR OFFICE USE ONLY:	
Claim #: _____ Oracle #: _____ Issue: _____	
Assigned to: _____	
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: