

BC Council of Film Unions
PRODUCTION NOTICE

Please e-mail completed form to: contactus@bccfu.com

GENERAL INFORMATION

Production Title: _____

B.C. Production Company: _____

Parent Company / Studio: _____

Payroll Company: _____

Affiliation (check one) AMPTP CMPA Independent

Airs On (Theatres / Network / Channel / Platform): _____

Production Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Office Opens (Date): _____ Office Closes (Date): _____

Shooting Starts (Date): _____ Shooting Ends (Date): _____

BC Post Starts (Date): _____ BC Post Ends (Date): _____

Shooting Locations: _____

PERSONNEL & CONTACT INFORMATION

Executive Producers: _____

Producers: _____

Production Manager: _____

Production Coordinator: _____

Production Accountant: _____

Labour Relations: _____

LONG FORMAT PRODUCTIONS

Type (check one): Feature Home Video MOW

Other - Please specify: _____

Budget (CAD): _____ Net* Gross

* Net budget includes offsets for tax credits and production incentives but does not include a contingency of up to ten percent of the budget, costs of financing and bonds.

SERIES

Type (check one): Pilot 1/2 Hour 1 Hour

Other - Please specify: _____

Season (unless Pilot): One Two Three+

Number of Episodes: _____ Budget / Episode (CAD) _____