

S A 4 8 H R F I L M
E X P E R I E N C E



TEAM ROSTER

TEAM: _____

DATE: _____

PRODUCER: _____

Phone: _____

Contact info: _____

Email: _____

Title	Name	email
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Director	_____	_____
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Prod Man	_____	_____
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Camera/DP	_____	_____
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Post Prod.	_____	_____
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Please Return This Form by fax to: 210-579-1517 Roster SUBMISSION DEADLINE: October 6th, 2006