

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
-------	------	-------

Director	_____	_____
----------	-------	-------

Prod Man	_____	_____
----------	-------	-------

Camera/DP	_____	_____
-----------	-------	-------

Post Prod.	_____	_____
------------	-------	-------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Return This Form by fax to: 210-579-1517 Roster SUBMISSION DEADLINE: November 26<sup>th</sup>, 2007