

## PROJECT INFORMATION FORM - THEATRICAL

This Project Information Form (PIF) should be filled out by an existing Directors Guild of America signatory company for each new theatrical film, low budget film or documentary film project or by a company requesting DGA signatory status. Please note that more detailed information may be required pending review by the Guild. Submission of this form does not constitute signatory acceptance. Please print clearly:

**Signatory Company:** \_\_\_\_\_

**Company Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Copyright Holder:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Screenwriter/s:** \_\_\_\_\_

**Type:**  Feature  Freelance Short  Documentary  Other: \_\_\_\_\_ **Low Budget Agreement:**  Yes  No

**Budget:** (U.S.) \$ \_\_\_\_\_ **Produced on:**  Film  Digital  Other (specify): \_\_\_\_\_

**Length** (in minutes): \_\_\_\_\_ **Location/s:** \_\_\_\_\_

**Start Dates:** Pre-Production: \_\_\_\_\_ **Principal Photography:** \_\_\_\_\_ **Wrap:** \_\_\_\_\_

**EMPLOYEE INFORMATION** (Name all, print clearly):

Print Full Name:	Position:
	<input type="checkbox"/> Director
	<input type="checkbox"/> UPM
	<input type="checkbox"/> 1 <sup>st</sup> Assistant Director
	<input type="checkbox"/> Key 2 <sup>nd</sup> Assistant Director
	<input type="checkbox"/> 2 <sup>nd</sup> Second Assistant Dir.
	<input type="checkbox"/> Add'l 2 <sup>nd</sup> Assistant Dir.
	<input type="checkbox"/> Assoc. Dir/Tech Coordinator
	<input type="checkbox"/> Associate Director (line cut)

**CONTACTS:**

Employment Contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Residuals Contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_

- Other Affiliations**  
(check all that apply):
- SAG
  - WGA
  - DGC
  - AFTRA
  - IATSE
  - NABET
  - AFM
  - ACTRA
  - Other: \_\_\_\_\_

**SECURITIES INFORMATION:**

**Source of Primary Financing** (required): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Completion Bond Company:** \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payroll Company:** \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Revolving Line of Credit?:**  Yes  No **Bank:** \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**List all companies and individuals holding a security interest** (attach a separate sheet if necessary):

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

**DISTRIBUTION INFORMATION:**

**Foreign:**

Distributor/s: \_\_\_\_\_

**Domestic:**

Distributor/s: \_\_\_\_\_

**This Project Information Form must be signed by an authorized OFFICER, OWNER, or PARTNER of the Company:**

Signature: \_\_\_\_\_ Title (print): \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_