

CREW DEAL MEMO

PRODUCTION COMPANY:

SHOW TITLE:

DIRECTOR:

PRODUCERS:

CREW MEMBER NAME:

POSITION:

SR. CREW MEMBER:

ADDRESS:

AGENT:

CITY, ZIP:

AGENCY:

ARTIST PHONE #:

SS#:

FED. ID#:

START DATE:

LOCATION:

COMPENSATION:

ADDITIONAL NOTES:

CREW MEMBER SIGNATURE: _____ DATE _____

UPM SIGNATURE _____ DATE _____

~ Odyssey Motion Pictures ~

Reprinted from www.odysseymotionpictures.com

Odyssey Motion Pictures claims no liability or endorsement of any production utilizing this form.