

AGREEMENT FOR SERVICES

DATE _____

NAME _____

POSITION _____

ADDRESS _____

TELEPHONE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

COMPENSATION/RATE _____

START DATE/TERM _____

EXPENSES/TRANSPORTATION _____

BILLING ON SCREEN _____

MISCELLANEOUS _____

AGREED AND ACCEPTED BY

CREW MEMBER

DATE

PRODUCTION MANAGER

DATE

PRODUCER

DATE