

EXHIBIT D SAG-AFTRA RADIO COMMERCIAL AUDITION REPORT

<input type="checkbox"/> WHERE APPLICABLE	TO BE COMPLETED BY CASTING DIRECTOR	PAGE _____ OF _____
<input type="checkbox"/> ANNOUNCER / ACTOR <input type="checkbox"/> GROUP PERFORMER <input type="checkbox"/> SOLO / DUO <input type="checkbox"/> SPANISH TRANSLATION SERVICES	Person to whom correspondence concerning this form shall be sent: Name and Telephone Number:	AUDITION DATE:
INTENDED USE:	ADVERTISER:	
NAME OF CASTING REPRESENTATIVE:	COMMERCIAL TITLE, NAME AND Ad-ID®:	JOB NUMBER:
ADVERTISING AGENCY AND CITY:	PRODUCT:	PRODUCTION COMPANY:
INSTRUCTIONS: Circle below the name of the performer hired, if known. Mail one copy to SAG-AFTRA on the 1st and 15th of each month. PERFORMERS ARE REQUIRED TO SIGN IN AND SIGN OUT, WITHOUT EXCEPTION.		

TO BE COMPLETED BY PERFORMERS																					
PERFORMER'S NAME (PRINT)	MEMBER NUMBER or SOCIAL SECURITY NUMBER	AGENT (PRINT)	ACTUAL CALL	TIME IN	TIME OUT	INITIAL	CIRCLE INTERVIEW NUMBER				SEX (X)		AGE (X)		ETHNICITY (X)						PWD (X)
							1st	2nd	3rd	4th	M	F	40+	-40	AP	B	C	LH	I	O	
							1st	2nd	3rd	4th											
							1st	2nd	3rd	4th											
							1st	2nd	3rd	4th											
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							1st	2nd	3rd	4th											
							1st	2nd	3rd	4th											

This recorded audition material will not be used as a client demo, an audience reaction commercial, for copy testing, or as a scratch track without payment of the minimum compensation provided for in the Commercials Contract and shall be used solely to determine the suitability of the performer for a specific commercial.

The only reason for requesting information on ethnicity, sex, age, and disability is for the talent union to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Authorized Representative's signature on this form shall not constitute a verification of the information supplied by performers.

KEY:

AP	- Asian/Pacific	LH	- Latino/Hispanic
B	- Black	I	- Native American
C	- Caucasian	O	- Other
		PWD	- Performer with Disability

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

Mail one copy to SAG-AFTRA on the 1st and 15th of each month.
White Copy-Union