

EXHIBIT D

SCREEN ACTORS GUILD

**MEMBER-CONTRACTOR STANDARD REPORT FORM
TELEVISION COMMERCIALS
OFF CAMERA SINGERS**

It is the responsibility of the reporting member to file the white copy of this report with Screen Actors Guild within 48 hours of each session, and to deliver the pink copy to the employer or employer's representative at the conclusion of each session. If there is a contractor, he shall assume these responsibilities with respect to each session. (*See Section 51)

- KEY TO TYPE OF PERFORMANCE**
 SC -- Singers Contractor
 SS -- Singer Soloist-Duo
 S-3 -- Group Singers
 S-6 -- Group Singers
 S-9 -- Group Singers

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

- (1) SEX -- Male-M, Female-F
 (2) AGE -- 40 & Over = +
 Under 40 = -
 (3) ETH. -- Asian/Pacific -- AP
 Black -- B
 Caucasian -- C
 Latino/Hispanic -- LH
 Native American -- I

EMPLOYER: _____
 Signature of Employer or Employer Representative: _____
 SAG Reporting Member: _____
 SAG Reporting Member's Phone Number: _____ Date: _____

Date of Engagement: _____ Studio Facility: _____ Address: _____

Advertising Agency: _____ Address: _____ Tel. No: _____

Producer _____ Address: _____ Tel. No: _____

(If other than Agency):

Advertiser: _____ Product: _____ Production Fees to Be Paid By: _____

Type of Commercial: Dealer Seasonal Cable Test Market Non-Air
 Wild Spot Class A Program Foreign Theatrical/Industrial

Commercial Titles: _____

CHECK APPROPRIATE COLUMNS

Performer's Name and Social Security Number	Performer To Initial	Type of Perf.	No. of Coml's	Hours Employed						Performer's Total Comp.	CHECK APPROPRIATE COLUMNS														
				Studio Time		Travel Time		Meal Period			Sex (1)	Age (2)		Ethnicity (3)						Check If Disabled					
				From	To	From	To	From	To		M	F	+40	-40	AP	B	C	LH	I						

Group Singers: Multi-tracking or Sweetening: Yes No
 Solo/Duo Multi-tracking: Yes No
 Sweetening: Yes No If Yes, # tracks: _____

The information contained in this Report Form is obtained from the contract or contracts, oral or written, which the undersigned employer has entered into with the members of Screen Actors Guild whose names are listed hereon.
 This engagement shall be governed by and be subject to the applicable terms of the SAG Commercials Contract.

NOTES: _____ PRODUCER BY _____