

REQUEST FOR VOICEOVER ESTIMATE



Company Name _____

Company Address _____

Company Phone _____

Contact Name _____

Contact Phone _____

Contact Email _____

Name and Type of project _____

Live Action Feature

Animated Feature

Duration/length _____ *Number of lines?* _____

Live Action Series

Animated Series

No. of Episodes _____ *Duration of Episodes?* _____

Video Game

Number of Lines _____

What kind of voiceover will you need?

Original Voice

ADR / Dubbing

What language(s) will your project be recorded in? _____

Will you need translation services? Yes No

Will you need adaptation services? Yes No

Will you need casting services? Yes No

Will you need dialog editing/cleanup services? Yes No

How many characters? _____

Any child actors (under 18)? _____

Is this a non-union or union (SAG/Aftra) project?

Non-Union

Union (SAG/Aftra)

Will there be celebrity talent? Yes No

Would you need us to secure celebrity talent? Yes No

Would you require us to handle celebrity talent payroll? Yes No

Expected Start Date _____

Expected Delivery Date _____

What is the budget for your project? If no budget is in place yet, do you have a ballpark range you're trying to stay within? _____

Please give any additional details about your project:

Please include a copy of your script (pdf or fdr) or a dialogue list (excel) as well as any character descriptions or casting sides you may have.