## **TARGET Master Log** Sheet

Shoot Location City & State:

Shoot Date

Target Creative Buyer / Art Buyer to complete top section and provide to Producer.

| Promo ID: Expense Center: Target Creative Buyer/Art Buyer:   |  |            |   |        |  |          |         |              |     |        |       |
|--|--|------------|---|--------|--|----------|---------|--------------|-----|--------|-------|
| Project Title: Circular: YES NO Photographer:  |  |            |   |        |  |          |         |              |     |        |       |
| Expense Code:  |  |            |   |        |  |          |         |              |     |        |       |
| Creative Buying: 401 – Talent & Agent fees 344 - Reshoot Art Buying: 402 – Talent & Agent fees 345 - Reshoot |  |            |   |        |  |          |         |              |     |        |       |
| Produ  | Producer/  |            |   |        |  |          |         |              |     |        |       |
| Agend  | Agency Name: Phone: Email:   |            |   |        |  |          |         |              |     |        |       |
|  | PRODUCER to complete section below Post-Shoot and submit to TEAM (along with completed contracts + vouchers) via Email, Fax or Fed Ex as follows:<br>E: <u>TEAM-Target@teamservices.net</u>   F: (818) 441-0174   FX: TEAM/Attn: Target Group/Adv & NM - 2950 N. Hollywood Way, Suite 210, Burbank, CA 91505 |            |   |        |  |          |         |              |     |        |       |
|  |  |            |   |        |  |          |         |              |     |        |       |
| #  | N  | Model Name |   | Ageney |  | Contract | Model   | W-4, W-9     | I-9 | Hours  | Wages |
| #  | יו   |            |   | Agency |  | Contract | Voucher | or<br>W-8BEN | 1-9 | Worked | Due   |
|  |  |            |   |        |  |          |         | W-ODLN       |     |        |       |
| 1  |  |            |   |        |  |          |         |              |     |        |       |
| 2  |  |            |   |        |  |          |         |              |     |        |       |
| 3  |  |            |   |        |  |          |         |              |     |        |       |
| 4  |  |            |   |        |  |          |         |              |     |        |       |
| 5  |  |            |   |        |  |          |         |              |     |        |       |
| 6  |  |            |   |        |  |          |         |              |     |        |       |
| 7  |  |            |   |        |  |          |         |              |     |        |       |
| 8  |  |            |   |        |  |          |         |              |     |        |       |
| 9  |  |            |   |        |  |          |         |              |     |        |       |
| 10   |  |            |   |        |  |          |         |              |     |        |       |
| 11   |  |            |   |        |  |          |         |              |     |        |       |
| 12   |  |            | - |        |  |          |         |              |     |        |       |
| 13   |  |            |   |        |  |          |         |              |     |        |       |
| 14   |  |            |   |        |  |          |         |              |     |        |       |
|  |  |            |   |        |  |          |         |              |     |        |       |
| 15   |  |            |   |        |  |          |         |              |     |        |       |
| 16   |  |            |   |        |  |          |         |              |     |        |       |

010609 Please review to ensure the above information matches the contracts and vouchers. Thank you.



\*\*SUBJECT TO MASTER SERVICES AGREEMENT AND MODEL CONTRACT\*\*

## TO BE COMPLETED BY PRODUCER AND MODEL AT SHOOT

| Promo ID<br>Project Name |           | Expense<br>Center | Expense<br>Code: | Shoot<br>Date(s): |     |  |
|--------------------------|-----------|-------------------|------------------|-------------------|-----|--|
|                          |           |                   | 0000             | Producer          |     |  |
| Job Location             |           |                   |                  | Photographer      |     |  |
| Model Name               |           | Model S           | SN               | Model Agency      |     |  |
| Time (complete           | at shoot) |                   |                  |                   |     |  |
| Shoot Date:              |           | Shoot Dat         | te:              | Shoot Date:       |     |  |
| Start                    | End       | Start             | End              | Start             | End |  |

In consideration of the terms agreed to by my agent representative as Attorney-In-Fact as set forth by Target on the Print Model Contract, I hereby grant to Target usage rights to photographs of me as outlined in said contract and agree to the terms and conditions of the Master

Services Agreement signed by my agent representative. If I have an Agent, model fees will be sent to the Agent noted above. I agree that no other contract, release or voucher is valid.

| MODEL        | PRODUCER     |
|--------------|--------------|
| Signature    | Signature    |
| Printed Name | Printed Name |
| Date         | Date         |

If the Model is not yet 18 years old, parent or legal guardian to complete the following: The undersigned hereby warrants that I am the parent/legal guardian (circle applicable one) of the Model named above, a minor, and that I have full authority to confirm the above Voucher, which I have read and approved. I hereby guarantee the performance by the Model of the terms and conditions contained in the Target Master Services Agreement ("MSA") signed by Model's agent as attorney-in -fact.

**A a a a a a** 

If Model is not yet 18 years old and resides or works in California, in compliance with California state law, the parent or guardian must provide the appropriate Minor Trust Account paperwork for the payment to be remitted properly.

| Name (print)  |  |  |                          |                   |              |  |  |
|---|--|--|--------------------------|-------------------|--------------|--|--|
| Signature:  | el:  |  |                          |                   |              |  |  |
| Witness:  |  | ate:   |                          |                   |              |  |  |
|   | Cut here and give Form W-4 to your employ  | er. Keep the top p   | art for your records.    |                   |              |  |  |
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service | <b>Employee's Withholding A</b><br>Whether you are entitled to claim a certain number<br>subject to review by the IRS. Your employer may be re-                    | of allowances or e   | OMB NO. 1545-0074        |                   |              |  |  |
| 1. Type or print your first nar   | ne and middle initial. Last name   |  | 2. Your Soc              | cial Security Num | ber          |  |  |
| Home address (number and stre   |  | 3. Single Married Married, but withhold at higher Single rate.<br>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box. |                          |                   |              |  |  |
| City or Town, State and Zip C   | ode 4.   | 4-If your name differs from that on your social security card, check here.<br>You must call 1-800-772-1213 for a new card ▶  |                          |                   |              |  |  |
| 5. Total number of allo   | wances your are claiming   |  |                          | 5.                |              |  |  |
| 6. Additional amount, if  | any, you want deducted from each paycheck  | 6.   |                          |                   |              |  |  |
| • Last year I had a r   | om withholding, and I certify that I meet <b>BOTH</b> of the ight to a refund of All Federal income tax withheld a refund of ALL Federal income tax withheld becau | If the following conditions for exemption:   |                          |                   |              |  |  |
|   | conditions, write "Exempt" here  |  |                          |                   |              |  |  |
| Employee's Signature  | , I declare that I have examined this certificate and to the   | e best of my knowl   | edge and belief, it is t | rue, correct, ar  | nd complete. |  |  |
| (Form is not valid<br>unless you sign it.) ►                              |  |  | Date 🕨                   |                   |              |  |  |
| 8. Employer's name and add  | ress (Employer: Complete 9 and 10 only if sending to the IRS.)<br>RTAINMENT AND MEDIA SERVICES, INC.<br>dba TEAM   | 9. Office code<br>(optional)   | 10. Employer identiicat  | ion number        | lumber       |  |  |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.



Agency Phone

Date

## TARGET MODEL CONTRACT \*\*SUBJECT TO MASTER SERVICES AGREEMENT\*\*

TO BE COMPLETED BY PRODUCER PRE-SHOOT.

| Promo ID         | Expense<br>Center  |  | Expense<br>Code: |                                     | Shoot<br>Date(s): |                     |                    |
|------------------|--|--|------------------|-------------------------------------|-------------------|---------------------|--------------------|
| Project Name     |  |  |                  | Proc                                | ducer             |                     |                    |
| Job Location     |  |  |                  | Photo                               | grapher           |                     |                    |
| Model Name       |  | Model SSN  |                  | Mode                                | el Agency         |                     |                    |
| 1. Usage.        |  |  |                  |                                     |                   |                     |                    |
| (a) Media:       | Direct Mail Collater   | ed except Outdoor<br>al ISM                      | Electronic       | Media (including in                 | nternet/new med   | ia) 🗌 B-R<br>🗌 Circ |                    |
| (b) Term. (Sele  | ect One)<br>month(s) from date/first use                                       | First use no later th                            | an               |                                     |                   |                     | 20                 |
|                  |  |  |                  |                                     |                   | <u> </u>            |                    |
|                  | elect all that apply.  |  |                  |                                     |                   |                     |                    |
|                  | Imerica (includes United Sta<br>ride Travel Retail                             | tes' territories and po<br>Vorldwide for Electro |                  | European Union<br>s Internet/New Me |                   | America             | Asia               |
| 2. Compensatio   | n. Model will receive the  |  |                  |                                     |                   |                     |                    |
| (a) Day Rate for |  |  |                  |                                     |                   |                     | ant -Check One*    |
| Such fee: (ch    |  | e rights for the Term                            |                  | Finclude usage rig                  |                   | -                   |                    |
| -                | ion for Usage (if Day Rate a   | bove does not include                            | e usage):        | for                                 | usage payable v   | within thirty (3    | 0) days following  |
|                  | /lodel's image.<br>ompensation (if required):                                  |  |                  |                                     |                   |                     |                    |
| Overtime:        |  | 1/2 hr increments)                               | additional shoot | days:                               | per day prep o    | day(s):             | per day            |
| weather day f    |  |  | vimwear day fee: |                                     | er day            |                     | poi day            |
| -                |  | NO - No Reimbursem                               | -                | pc                                  | i uuy             |                     |                    |
| (4)              |  | oursements to be paid                            |                  | Producer                            | *Check One if     | f Reimburse         | ements apply*      |
| Agreed trave     | l reimbursement amount:  |  |                  | day rate                            |                   | per day             |                    |
| Travel receip    | ts to follow 🗌 NO - pay a  | greed amount                                     |                  | ceipts to agreed a                  | amount 🗌 Y        | -<br>ES - pay per   | receipts, no limit |
|                  | imbursement receipts to follo  |  | S for            |                                     |                   |                     |                    |
|                  | ional reimbursement amoun  |  |                  | receipts to agree                   | ed amount         | Pay per re          | eceipts, no limit  |
| 3. Optional Re-L | Jse. YES NO  |  |                  |                                     |                   |                     | •                  |
| Re-Use Media:    |  | Re-Use Term(s):                                  |                  | Re-Use Territory                    | :                 | Re-Use F            | ee:                |
|                  |  |  |                  |                                     |                   |                     |                    |
| 4. Agency        |  |  |                  |                                     |                   |                     |                    |
|                  | wise agreed to in writing, Tai<br>d represents that Target wi<br>his Contract. |  |                  |                                     |                   |                     |                    |
|                  | of the Fee, the Model Agent<br>to the terms and conditions                     |  |                  |                                     |                   |                     |                    |
| MODEL or MODE    | L AGENT as attorney-in-fac   | t (circle to indicate)                           | PRODU            | CER                                 |                   |                     |                    |
| Signature        |  |  | Signatu          | re                                  |                   |                     |                    |
| Printed Name     |  |  | Printed          | Name                                |                   |                     |                    |
| Agency Name      |  |  | Compar           | ny (if any)                         |                   |                     |                    |
| Agency Address   |  |  | Phone:           |                                     |                   |                     |                    |

Email Address

Date