



# 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	Photographer: _____
Expense Code:		
Creative Buying: <input type="checkbox"/> 401 – Talent & Agent fees	<input type="checkbox"/> 344 - Reshoot	Art Buying: <input type="checkbox"/> 402 – Talent & Agent fees <input type="checkbox"/> 345 - Reshoot
Producer/		
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: E: <a href="mailto:TEAM-Target@teamservices.net">TEAM-Target@teamservices.net</a>   F: (818) 441-0174   FX: TEAM/Attn: Target Group/Adv & NM - 2950 N. Hollywood Way, Suite 210, Burbank, CA 91505		

#	Model Name	Agency	Contract	Model Voucher	W-4, W-9 or W-8BEN	I-9	Hours Worked	Wages Due
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____





MODEL VOUCHER & W-4

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

TO BE COMPLETED BY PRODUCER AND MODEL AT SHOOT

Promo ID, Expense Center, Expense Code, Shoot Date(s), Project Name, Producer, Job Location, Photographer, Model Name, Model SSN, Model Agency

Time (complete at shoot), Shoot Date, 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.

MODEL and PRODUCER signature and printed name fields

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.

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), Address, Signature, Tel, Witness, Date

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Employee's Withholding Allowance Certificate header with OMB NO. 1545-0074 and year 2009

1. Type or print your first name and middle initial. Last name 2. Your Social Security Number

Home address (number and street or rural route) (Permanent Address) 3. Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or Town, State and Zip Code 4. If your name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card.

5. Total number of allowances your are claiming 6. Additional amount, if any, you want deducted from each paycheck 7. I claim exemption from withholding, and I certify that I meet BOTH of the following conditions for exemption: Last year I had a right to a refund of All Federal income tax withheld because I had NO tax liability AND This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; If you meet BOTH conditions, write "Exempt" here

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's Signature (Form is not valid unless you sign it.) Date

8. Employer's name and address (Employer: Complete 9 and 10 only if sending to the IRS.) TALENT ENTERTAINMENT AND MEDIA SERVICES, INC. dba TEAM 9. Office code (optional) 10. Employer identification number



# TARGET MODEL CONTRACT

## \*\*SUBJECT TO MASTER SERVICES AGREEMENT\*\*

TO BE COMPLETED BY PRODUCER PRE-SHOOT.

Promo ID \_\_\_\_\_ Expense Center \_\_\_\_\_ Expense Code: \_\_\_\_\_ Shoot Date(s): \_\_\_\_\_

Project Name \_\_\_\_\_ Producer \_\_\_\_\_

Job Location \_\_\_\_\_ Photographer \_\_\_\_\_

Model Name \_\_\_\_\_ Model SSN \_\_\_\_\_ Model Agency \_\_\_\_\_

### 1. Usage.

- (a) Media:  Unlimited  Unlimited except Outdoor  Electronic Media (including internet/new media)  B-Roll  
 Direct Mail  Collateral  ISM  PR  Print  Circular  
 Other \_\_\_\_\_

- (b) Term. (Select One)  
 \_\_\_\_\_ month(s) from date/first use. First use no later than \_\_\_\_\_ 20\_\_\_\_  
 **Unlimited Time**

- (c) Territory. Select all that apply.  
 North America (includes United States' territories and possessions.)  European Union  South America  Asia  
 Worldwide Travel Retail  Worldwide for Electronic Media (includes Internet/New Media)  
 Other \_\_\_\_\_

### 2. Compensation. Model will receive the following fee for all of the rights and options granted to Target herein.

- (a) Day Rate for Services: \_\_\_\_\_  per day (8 hrs)  per half day (5 hrs)  per hour **\*Important -Check One\***  
Such fee: (check one)  includes usage rights for the Term.  does NOT include usage rights for the Term. If no usage, fill in (b) below.

- (b) Compensation for Usage (if Day Rate above does not include usage): \_\_\_\_\_ for usage payable within thirty (30) days following first use of Model's image.

- (c) Additional compensation (if required):  
Overtime: \_\_\_\_\_ per hour (paid in 1/2 hr increments) additional shoot days: \_\_\_\_\_ per day prep day(s): \_\_\_\_\_ per day  
weather day fee: \_\_\_\_\_ per day intimates/swimwear day fee: \_\_\_\_\_ per day

- (d) Travel & Reimbursement (if any).  NO - No Reimbursements  
 YES - Reimbursements to be paid by:  TEAM  Producer **\*Check One if Reimbursements apply\***  
Agreed travel reimbursement amount: \_\_\_\_\_ Travel day rate \_\_\_\_\_ per day  
Travel receipts to follow  NO - pay agreed amount  YES - pay receipts to agreed amount  YES - pay per receipts, no limit  
Additional reimbursement receipts to follow  NO  YES for \_\_\_\_\_  
Agreed additional reimbursement amount: \_\_\_\_\_  Pay receipts to agreed amount  Pay per receipts, no limit

### 3. Optional Re-Use. YES NO

Re-Use Media: \_\_\_\_\_ Re-Use Term(s): \_\_\_\_\_ Re-Use Territory: \_\_\_\_\_ Re-Use Fee: \_\_\_\_\_

### 4. Agency

- (a) Unless otherwise agreed to in writing, Target will pay Agency a fee equal to 20% on Model's total compensation (excluding expenses). Model warrants and represents that Target will not be under any obligation for the payment of any commission or fees to any other third party as a result of this Contract.

In consideration of the Fee, the Model Agent as attorney-in-fact, hereby grants to Target the usage rights to photographs of Model as set forth above and agrees to the terms and conditions of the Target Master Services Agreement. No other contract, release or voucher is valid.

#### MODEL or MODEL AGENT as attorney-in-fact (circle to indicate)

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
Agency Phone \_\_\_\_\_  
Date \_\_\_\_\_

#### PRODUCER

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Company (if any) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date \_\_\_\_\_



# TARGET MODEL CONTRACT

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Promo ID \_\_\_\_\_ Expense Center \_\_\_\_\_ Expense Code: \_\_\_\_\_ Shoot Date(s): \_\_\_\_\_

Project Name \_\_\_\_\_ Producer \_\_\_\_\_

Job Location \_\_\_\_\_ Photographer \_\_\_\_\_

Model Name \_\_\_\_\_ Model SSN \_\_\_\_\_ Model Agency \_\_\_\_\_

### 1. Usage.

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Travel receipts to follow  NO - pay agreed amount  YES - pay receipts to agreed amount  YES - pay per receipts, no limit  
Additional reimbursement receipts to follow  NO  YES for \_\_\_\_\_  
Agreed additional reimbursement amount: \_\_\_\_\_  Pay receipts to agreed amount  Pay per receipts, no limit

### 3. Optional Re-Use. YES NO

Re-Use Media: \_\_\_\_\_ Re-Use Term(s): \_\_\_\_\_ Re-Use Territory: \_\_\_\_\_ Re-Use Fee: \_\_\_\_\_

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#### MODEL or MODEL AGENT as attorney-in-fact (circle to indicate)

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
\_\_\_\_\_  
Agency Phone \_\_\_\_\_  
Date \_\_\_\_\_

#### PRODUCER

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Company (if any) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date \_\_\_\_\_