ACTRA

ACTRA IPA AUDITION SIGN-IN SHEET

PART A — TO BE COMPLETED BY CASTING DIRECTOR

☑ CHECK APPROPRIATE OPTION : TELEVISION ( ) FILM ( ) FEATURE ( ) SERIES ( ) OTHER-SPECIFY ( ) ON CAMERA ( ) OFF CAMERA ( )		
INTENDED USE:	**FAX THIS SHEET TO THE LOCAL ACTRA OFFICE**	TOTAL NUMBER AUDITIONED:
CASTING DIRECTOR'S NAME:	PRODUCTION TITLE:	PRODUCTION CO:

PART B — PLEASE PRINT CLEARLY — TO BE COMPLETED BY PERFORMERS — DATE:_____

NAME	ACTRA NUMBER	AGENT	ROLE	CALL TIME	TIME IN	TIME OUT	INITIAL	INTERVIEW NUMBER				INITIAL DECLINE
								1	2	3	4	