AUDITION SIGN-IN SHEET

Page ____ of ____

UBCP/ACTRA

Production Name: _____ **Audition Date:** _____ **Episode #** ____ **of** ___

Casting Director: _____ **Casting Assistant:** _____

Call Time = Time audition is scheduled to start / Arrival Time = Time performer arrived at audition / Time at end of audition = time performer is released

APPENDIX "G"

PERFORMER'S NAME ☆PLEASE PRINT CLEARLY☆	UBCP MEMBER #	R O L E	CALL TIME	ARRIVAL TIME	TIME AT END OF AUDITION	PERFORMER SIGNATURE (Sign only upon completion of Audition)	PLEASE CHECK ONE ☑ :			
							Canadian Citizen or Landed Immigrant	U.S. Citizen living in Canada w/ Visitor Status	U.S. Citizen living in the U.S.	Other:

APPENDIX "G"

300-380 WEST 2ND AVE, VANCOUVER, BC, V5Y 1C8 • PHONE: (604) 689-0727 • FAX: (604) 689-1145