ACTRA IPA AUDITION SIGN-IN SHEET

*****ALL INFORMATION MUST BE COMPLETED*****

Part A: To be completed by casting director

☑Check Appropriate Option : Television ☐ Film ☐ Feature ☐ Series ☐ Other-Specify ☐ On Camera ☐ Off Camera ☐		
INTENDED USE:	SEND TO LOCAL ACTRA OFFICE:	TOTAL NUMBER AUDITIONED:
CASTING DIRECTOR'S NAME:	PRODUCTION TITLE:	PRODUCTION CO:

Part B: To Be Completed by Performers. Please Print Clearly.

DATE: _____

Name	ACTRA Number	Agent	Role	Call Time	Time In	Time Out	Initial	Interview Number				Initial Decline
								1	2	3	4	