ACTRA

ACTRA IPA AUDITION SIGN-IN SHEET

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

auditions@actratoronto.com

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	