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:	**EMAIL THIS SHEET 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 1	2	3	4	Initial Decline