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 ACTRA TORONTO EMAIL: AUDITIONS@ACTRATORONTO.COM FAX: 416-928-2026	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	