

## **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-SP	ECIFY ( ) ON CAMERA ( ) OFF CAMERA ( )
INTENDED USE:	SEND TO ACTRA TORONTO  EMAIL: AUDITIONS@ACTRATORONTO.COM	TOTAL NUMBER AUDITIONED:
	FAX: 416-928-2026	
CASTING DIRECTOR'S NAME:	PRODUCTION TITLE:	PRODUCTION CO:

		PERFORMERS. PLEASE PRINT CLEARLY.				DATE:								
Name	ACTRA NUMBER	AGENT	ROLE	CALL TIME	TIME IN	TIME OUT	INITIAL	INTERVIEW NUMBER			INITIAL			
								1	2	3	4	DECLINE		
						1			1					