

AUDITION SIGN-IN SHEET

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UBCP/ACTRA

Production Name: _____ Audition Date: _____ Episode # ____ of ____

Casting Director: _____ Casting Assistant: _____

Call Time = Time audition is scheduled to start / Arrival Time = Time performer arrived at audition / Time at end of audition = time performer is released

APPENDIX "G"

PERFORMER'S NAME ★PLEASE PRINT CLEARLY★	UBCP MEMBER #	R O L E	CALL TIME	ARRIVAL TIME	TIME AT END OF AUDITION	PERFORMER SIGNATURE <small>(Sign only upon completion of Audition)</small>	PLEASE	CHECK	ONE	<input checked="" type="checkbox"/> :
							Canadian Citizen or Landed Immigrant	U.S. Citizen living in Canada w/ Visitor Status	U.S. Citizen living in the U.S.	Other:

APPENDIX "G"