



Production Cast & Crew Information

DATE: ___ / ___ / ___

Show Title:		Assignment:						
CONTACT INFO	Name:	Student #:						
	Home Phone:	Local Address:						
	Cell Phone:							
	Work Phone:	Email:						
MEDICAL INFO	Contact Name:	Relation:						
	Phone:	Alternate Phone:						
	List any medical conditions we may need to know about:							
PUBLICITY INFO	Please print out how your name should appear in the Playbill:							
	Year in School:	Major:						
	Hometown Newspaper:							
WEEKLY SCHEDULE INFO	In the blocks below, please include: Classes, Weekly Crew Assignment Hours or Rehearsal Periods, Work Schedule, and all other weekly commitments. Use the back of this form to list any conflicts which may occur during the Production Calendar. NOTE: Weekly Crew Assignment Hours are only the hours you will work, each week, to fulfill your Production Assignment.							
	TIME	SUNDAY	MON	TUES	WED	THURS	FRI	SAT
	8-10 am							
	10-12							
	12-2 pm							
	2-3							
	3-4							
	4-5							
	5-6							
	6-7							
	7-8							
	8-9							
9-10								
10-11								