

CAST INFORMATION CHECKLIST

Date _____ Show _____ Director _____ Producer _____

Actor	Role
<input type="checkbox"/> Start Date	<input type="checkbox"/> Script Revisions - Pink
<input type="checkbox"/> # of days	<input type="checkbox"/> Script Revisions - Green
<input type="checkbox"/> Accommodations	<input type="checkbox"/> Contract to Agent
<input type="checkbox"/> Sent Script	<input type="checkbox"/> Contract returned
<input type="checkbox"/> Notified Wardrobe	<input type="checkbox"/> Contract signed
<input type="checkbox"/> Script Revisions - Blue	<input type="checkbox"/> Notes

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