ACTORS DAY OUT OF DAYS

Date _____

Production _____ Production _____ Script Date _____

Producer _____ Director _____ Prod. Manager/Asst. Director _____

Rehearsal - R	Hold - H	Day Number.....
Started - S	Travel - T	Date.....
Worked - W	Finish - F	Day of the Week.....
On Call - C		

No.	Character	Cast Member	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
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