



Stage Reading Guidelines Questionnaire

Please complete this form and submit to Equity at least one-week prior to the reading. (Please print legibly.)

| PRODUCTION INFORMATION | | |
|--|-----------------|--|
| Show Title: | | Play <input type="checkbox"/> Musical <input type="checkbox"/> |
| Author(s): | | |
| First Rehearsal: | Last Rehearsal: | Total Rehearsals: |
| First Reading: | Last Reading: | Total Readings: |
| Anticipated combined hours for both rehearsals and readings that Equity Actors will be used: | | |
| Location/Address of the Reading: | | |
| Producer Name: | | Phone Number(s): |
| Address: | | |
| Director Name: | | |
| Stage Manager Name: | | SM Phone: |
| PREVIOUS READINGS/PERFORMANCES | | |
| Has the show been previously read or performed in public? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If yes . . . | | |
| Date(s) of previous reading/performance: | | |
| <i>(Check All That Apply)</i> Stage Reading <i>Guidelines</i> <input type="checkbox"/> Stage Reading Contract <input type="checkbox"/> Backers' Audition Code <input type="checkbox"/> Workshop Contract <input type="checkbox"/> Other Equity Contract (specify) <input type="checkbox"/> _____ | | |



Stage Reading Guidelines – Equity Actor Roster

Please ask the participating Equity Actors to complete this form, and submit with the questionnaire.

(Please note that if programs are provided, the names of the AEA members listed below are to be designated with an asterisk (*) indicating that these Actors and Stage Managers are members of Actors' Equity Association.)

PLEASE PRINT

| Equity Name | Membership ID* | Amount Paid | Date Paid |
|-------------|----------------|-------------|-----------|
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* The Equity membership ID is located on the front of your Equity card.