

Rehearsal Report

Production: _____

Theater: _____

Date: _____

SM: _____

Scheduled start time: _____

Actual start time: _____

Place (if other than main stage): _____

End time: _____

Scheduled to block/rehearse _____

Actually blocked/rehearsed _____

Actors late/absent/sick/injured:

Set notes:

Costume/hair/makeup notes:

Prop notes:

Lighting/Sound notes:

Use reverse side for additional comments.

Separate accident report form must be filed, if any. (www.osha-slc.gov/html/Forms/osha101.pdf)

Instructions on use of this form may be found in STAGE MANAGEMENT (7th edition), Allyn &

Bacon, pp. 126-130 , and Figure 8-15, p. 129.