

# (Title of Show)

## REHEARSAL REPORT

Day and Date:

Rehearsal #

SM: (Name)

ASM: (Name)

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Start: (time)

End: (time)

Breaks were regular and appropriate.

Rehearsal Update: (what we worked on today)

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### SCENIC:

1. No notes.

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### PROPS:

1. No notes.

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### COSTUMES/CRAFTS:

1. No notes.

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### HAIR/MAKEUP:

1. No notes.

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### LIGHTS:

1. No notes.

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### SOUND/MUSIC:

1. No notes.

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### DANCE/FIGHTS:

1. No notes.

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### FACILITIES:

1. No notes.

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### PERSONNEL/ACCIDENTS/OTHER:

1. No notes.

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Prepared by: (SM Name/ASM Name)

Date Prepared: (Date/Time)11/12/21 3:39 PM