

REHEARSAL REPORT #(x) for (Title of Show)

Production: _____

Day/Date: _____

Stage Manager: _____

Assistant Stage Managers: _____

Guests: _____

Call Began: _____ Breaks: _____ Ended: _____

Late: _____ Absent: _____

Rehearsal Breakdown		
Time	What	Who

Next Rehearsal		
Time	What	Who

Scenery/Technical Direction: 1. No notes.
Lights: 1. No notes.
Costumes: 1. No notes.
Props: 1. No notes.
Sound: 1. No notes.
Miscellaneous: 1. No notes.