

ACT Script Checkout Log

Directors: fill in these fields

Play: _____

Director's Name: _____ **Director's Contact #:** _____

Audition Dates: _____

Please note: Scripts may be checked out for _____ days | weeks If you check out the script after _____, please see that it is returned by _____ (which is the first day of auditions).

Auditioners, please read and fill out appropriately

Auditioners: you must include your phone number and email address where we can track you down should the script not be returned in time, as others will be waiting to check it out also.

	Script #	Date Out	Date Returned	Your Name	Phone Number	Email Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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	Script #	Date Out	Date Returned	Your Name	Phone Number	Email Address
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

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	Script #	Date Out	Date Returned	Your Name	Phone Number	Email Address
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						