



SHOW TITLE

REHEARSAL REPORT #x

Director: {Name}

SM: {SM Name}, {SM Contact Info}

ASMs:

Date:	Location:	Start Time:	Stop Time:
x/x/x	x	x	x

Next Rehearsal: x

ABSENT	IN ATTENDANCE	
x	x	
LATE	SCHEDULED ABSENT	SCHEDULED LATE
x	x	x

SCHEDULE
x

NOTES

General:

x

Director:

x

Scenery: <ul style="list-style-type: none"> • x
Props: <ul style="list-style-type: none"> • x
Music: <ul style="list-style-type: none"> • x
Choreography: <ul style="list-style-type: none"> • x
Costumes: <ul style="list-style-type: none"> • x
Dramaturgy: <ul style="list-style-type: none"> • x
Sound: <ul style="list-style-type: none"> • x
Lighting: <ul style="list-style-type: none"> • x

(Add/change any rows to best fit your production)