|  |  |
| --- | --- |
| **THE TITLE of YOUR PLAY**  **Rehearsal Report #1: Monday, September 1st, 2016**  *Please respond to notes by emailing StageManagement@YourPlaysEmailAddress.com* | |
| **Rehearsal Location/Time**: | |
| **Next Rehearsal**: | |
| **Visitors**: | **Absent/Late/Accident/Illness**: |
| **General Notes**: | |
| **Work in the Room**: | |
| **Script Changes**: | |
| **Scenic**: | |
| **Props**: | |
| **Costumes**: | |
| **Lighting**: | |
| **Sound**: | |
| **Music**: | |
| **Choreography**: | |
| **Dramaturgy**: | |
| **Health/Safety/Facilities**: | |
| **Administration/Publicity**: | |