Name: EMail:			Phone Numb Age:	er: Height*:	Hair Color*:
			SUME ent experience first)		
Year	Role / Job Title	Show / Event	Group or School		Director or Supervisor
			•		•
Special	Skills / Training / Av	wards:			
Referen	ices (list at least one	e)		EMail:	
Name:		Phone:		EMail:	
* Actors onl			arinsummertheater.org		www.MarinSummerTheater.org