

# Cast/Crew Questionnaire

Please fill this out so we have this information all in one place. Thanks

*\* Indicates required question*

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1. Your Name (first & last name) \*

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2. List all rehearsals you are unable to attend, so the rehearsal schedule can be finalized. \*

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3. Do you have any allergies? (Only if you want to share)

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4. Do you have any medical issues? (Only if you want to share)

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5. Do you have dietary preferences? Vegetarian, Vegan, Gluten-Free, etc.

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6. What is your favourite snack?

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7. Do you have a birthday during the rehearsal / show run? And if you're okay with us celebrating, what is your birthday?

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