

SAN FRANCISCO OPERA
WAR MEMORIAL OPERA HOUSE
301 Van Ness Ave.
San Francisco, CA 94102
www.sfopera.com

DATE: _____

SUPERNUMERARY APPLICATION

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Cell Phone: _____

Are you available for assisting with Lighting Designers during daytime technical rehearsals? _____

Are you interested in performing in special events for our Marketing, PR or Opera Center departments? _____

Can you read music? _____

Are you willing to be clean shaven (men only)? _____

Do you wear contacts/glasses? _____

Do you speak any other languages? _____

Do you have any special theatrical or performance training/skills? _____

Would you like to receive the Super Newsletter by email? _____

Date of Birth: _____

Work Hours: _____

Occupation: _____

Referred By: _____

Daytime Flexibility? _____

Notes

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Super Measurements

Name: _____

Date: _____

Sex: _____

Height: _____ Weight: _____ Shoe Size: _____

Suit Size: _____ Dress Size: _____ Blouse Size: _____ Bra Size: _____

Head: _____ Neck: _____ Chest: _____ Under bust: _____

Waist: _____ Hips: _____ Thigh: _____ Knee: _____

Below Knee: _____ Calf: _____

Waist to Floor: _____ Inseam to Knee: _____ to Floor: _____

Nape to Waist: _____ Nape to shoulder: _____ to Elbow: _____ to Wrist: _____

Shoulder to bust tip: _____ Shoulder to shoulder: _____

½ Girth: _____ Allergies? _____

Notes:

Measurements taken by: _____

If you are applying for the first time, just put in measurements you are sure of. When you come in for a fitting or a general call, our staff will measure you.