

Adult Supernumerary Application



About You

Name: _____

Email: _____

Phone: _____

Measurements and Specifics

Height: _____ Weight: _____ Gender: _____

Chest: _____ Waist: _____ Shoe Size: _____

Are you willing to be clean shaven (men only)? (Y / N)

Do you wear contacts? (Y / N)

Do you wear glasses? (Y / N)

Theatrical Experience or Special Skills

Can you read music? (Y / N)

Referred By: _____

Please return along with a full-length photo to supers@sfopera.com
or mail to
Rehearsal Department
San Francisco Opera
301 Van Ness Avenue
San Francisco, CA 94102