



SAN FRANCISCO  
OPERA

## SAN FRANCISCO OPERA

WAR MEMORIAL OPERA HOUSE

301 Van Ness Ave.

San Francisco, CA 94102

[www.sfopera.com](http://www.sfopera.com)

DATE: \_\_\_\_\_

### SUPERNUMERARY APPLICATION (Please return with a full-length photograph)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

Zip

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**\* Lightwalkers need to be comfortable standing (and standing still) for long periods of time.**

Are you interested in performing in special events planned by our Marketing, Public Relations 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? \_\_\_\_\_

**\* Generally, communication between SF Opera and the Supers is done by email. There is also a Super-produced e-newsletter, which goes out bi-monthly.**

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: \_\_\_\_\_ Bra Size: \_\_\_\_\_

Head: \_\_\_\_\_ Neck: \_\_\_\_\_ Chest/Bust: \_\_\_\_\_

Under bust: \_\_\_\_\_ Waist: \_\_\_\_\_ Hips: \_\_\_\_\_

Thigh: \_\_\_\_\_ Below Knee: \_\_\_\_\_ Calf: \_\_\_\_\_

Waist to Floor: \_\_\_\_\_ Inseam to Below Knee: \_\_\_\_\_ To Floor: \_\_\_\_\_

Nape to Waist: \_\_\_\_\_ Nape to Floor: \_\_\_\_\_ Nape to Shoulder: \_\_\_\_\_

To Elbow: \_\_\_\_\_ To Wrist: \_\_\_\_\_ Nape to Bust Tip: \_\_\_\_\_

Across Back: \_\_\_\_\_ Nape to Floor: \_\_\_\_\_ ½ Girth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Notes:

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Measurements taken by: \_\_\_\_\_

Please return application with a full-length photo.