

Child Supernumerary Application



About You (*Parent / Guardian*)

Name: _____

Email: _____

Phone: _____

About Your Child

Name: _____

Age / Date of Birth: _____

Measurements and Specifics

Height: _____ Weight: _____ Gender: _____

Chest: _____ Waist: _____ Shoe Size: _____

Theatrical Experience or Special Skills

Schooling Information

School Name and Grade: _____

Start Date: _____

End Date: _____

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