



AUDITION SHEET

Name _____ Phone Number _____

Address _____ City _____ State _____

E-mail _____

Vocal Range _____ Dance Experience _____

Eyes _____ Hair _____ Age _____ Height _____

Please list the role(s) of interest that you are auditioning for.

Will you accept any role? (We appreciate your honesty) Yes No

Have you auditioned for TADA before? Yes No

What interests you about being part of this TADA production?

On a scale of 1-5, with 5 being the highest, how well do you take direction? _____

Please list two theatre references: examples: music teacher, director, instructor (name & email)

***Conflicts determine final casting results (We can work around some conflicts early in the process but the closer to opening and the more conflicts you have the harder it is to consider casting). Your time is valuable to us. TADA is very organized. All cast members are given a rehearsal calendar on the first meeting that notes what dates the actors are called so they can plan accordingly. Please list ANY CONFLICTS starting on April 28th that you have during Mon.-Fri. from 6:30 pm-10:00 pm / Sun. after 2:00 pm**

This production is non-Equity and all stipulations from the licensing agent will be enforced. All those cast will be expected to sign a standard talent agreement from the TADA Board of Directors.

Thank you for sharing your talent!