



AUDITION SHEET

Name _____ Cell Phone Number _____

Address _____ City _____ State _____

E-mail _____

Age _____ Height _____ Vocal Range _____ Dance Experience _____

Please Check The Audition Group You Would Like To Attend

- ☐ (Group 1) FRIDAY MARCH 27: 6:30 PM – 10:00 PM
☐ (Group 2) SATURDAY MARCH 28: 12:00 PM – 4:00 PM
☐ (Group 3) SATURDAY MARCH 28: 6:00 PM – 10:00 PM

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 ☐

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

What interests you about being part of this TADA production?

What are some past roles you have played and where?

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

List ANY CONFLICTS below starting on April 26, 2026 that you have during Mon.-Fri. from 6:30 PM-10:00 PM / Sun. after 2:00 PM. 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

All those cast will be expected to sign a standard talent agreement from the TADA Board of Directors.

Thank you for sharing your talent!