

TNT PLAYREADING COMMITTEE ~~ PLAY EVALUATION FORM

Please print clearly

Evaluator: _____

Name of Play: _____

Author: _____ Publisher: _____

Type of Play:

Drama Comedy Mystery Musical Melodrama Farce Other _____

Number of Adults in cast: _____ Male _____ Female _____ Dominant Lead: M or F

Number of Children in cast: _____ Male _____ Female _____

Number of sets: _____ Interior _____ Exterior

Please respond to each of the following:

- | | | |
|---|------------------------------|--------------------------------|
| 1. Is there a really memorable character with whom an audience can identify? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Character is: _____ | | |
| 2. Is there a well-defined conflict | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there scintillating or funny dialogue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If a comedy -- did you find it amusing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you find the play's content interesting or appealing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is there offensive dialogue or content? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is there outstanding insight into human relationships? Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 8. Can you see this play staged by TNT actors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Can you see this play staged with TNT facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are unusually expensive costumes, sets, props, set, needed? Yes | <input type="checkbox"/> No | <i>If yes, describe below.</i> |
| 11. Any serious obstacles -- in your opinion? (sets, props, casting, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Would a typical TNT audience pay to see this play? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Has this play been done too much locally? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is this play available now? (comment on reverse side) Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 15. What is the estimated running time (Including intermission) of this play? _____ | | |

If over 2.5 hours, please comment of possible cuts below.

Further remarks (use back of form if necessary):

Conclusion of the evaluator:

1. No further consideration 2. Save for another season 3. Possible alternate for this season
4. Consider for this season 5. Highly recommended for this season

Evaluator's signature: _____

Date: _____