

CONTACT INFORMATION

*Application due Friday, January 19, 2018 or 3 weeks prior to **first** performance of your production, whichever comes first.*

School Name

School Address

School Phone

Contact Person

Title

Contact Email

Contact Phone

Contact email address will be the primary means of communication. Providing an email address is mandatory.

STUDENT & PARENT LIAISON INFORMATION

Student Liaison Name

Student Liaison Contact Email Address

Parent Liaison Name

Parent Liaison Contact Email Address

Contact email address will be the primary means of communication. Providing an email address is mandatory.

SHOW INFORMATION

You are required to keep the music for drums, bass, guitar and piano until after the Applause Award winners are announced May 2018.

Name of Musical

List all Dates & Times of Musical for Each Cast/ Production

List all Dates & Times of Musical for Each Cast/ Production (cont'd)

Performance Location

INFORMATION FOR REVIEWERS

NOTE: Please be advised that adjudicators attending your production are provided with a copy of this section prior to attending the performance. This is your opportunity to communicate with the adjudicators regarding the resources available to your school, the rationale behind a particular show choice, the vision of the director/s, and the special challenges faced in each unique school setting. Please attach an additional sheet if necessary.

1. **Please enter names of technical artists** and check the box whether the positions below are held by adults or students for your production:

	Adult	Student		Adult	Student
_____ Director	<input type="checkbox"/>	<input type="checkbox"/>	_____ Lighting Designer	<input type="checkbox"/>	<input type="checkbox"/>
_____ Music Director	<input type="checkbox"/>	<input type="checkbox"/>	_____ Sound Designer	<input type="checkbox"/>	<input type="checkbox"/>
_____ Choreographer	<input type="checkbox"/>	<input type="checkbox"/>	_____ Costume Designer	<input type="checkbox"/>	<input type="checkbox"/>
_____ Stage Manager	<input type="checkbox"/>	<input type="checkbox"/>	_____ Hair / Makeup Artist	<input type="checkbox"/>	<input type="checkbox"/>
_____ Set Designer	<input type="checkbox"/>	<input type="checkbox"/>	_____ Orchestra Leader	<input type="checkbox"/>	<input type="checkbox"/>

2. Total number of people involved in production: Students _____ Adults _____

3. Please indicate what percentage of your orchestra is composed of students: _____ %

4. Please indicate the percentage of set and costumes that are built versus rented / borrowed:

Set Built %:

Costumes Built %:

Set Rented / Borrowed %:

Costumes Rented / Borrowed %:

5. What is your school's budget for this musical? \$ _____

Please provide a breakdown of budget below:

Musicians %

Royalties %

Designers %

Other %

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6. Please indicate the sources of these funds, with an estimated percentage breakdown (i.e. 60% Ticket Sales, 40% Donations).

Ticket Sales %	School Board Allocation %
Student Fundraising %	Community Support %
Donations%	Other %

7. Please provide a brief overview of your school's production history.

8. Please provide a short synopsis of your chosen production.

9. Explain why you selected this year's musical. Include any special conditions related to the production.

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10. Explain any specific challenges related to producing a musical (or this specific musical) at your school.

11. Please identify any graduating seniors who should be considered for the Applause Awards Scholarship.
Attach a brief statement for each student listed describing why they should be considered.

12. Other Comments.

CERTIFICATION

I have read the program Rules and Guidelines for the Dr. Phillips Center Florida Hospital School of the Arts Applause Awards (listed at drphillipscenter.org/applauseawards) and I certify that all of the information above is correct.

PLEASE SIGN

Signature

Date

Print Name

If you have any questions about this application or the Applause Awards program, please contact Ande Deaton at 407.992.1756 or email at ande@drphillipscenter.org.

Application Checklist

- Complete and sign application form
- Mail or email application packet to:

Dr. Phillips Center for the Performing Arts
Attn: Ande Deaton, Applause Awards

155 e. anderson street
orlando, fl 32801

e. ande@drphillipscenter.org
p. 407.992.1756