

## APPLAUSE AWARDS APPLICATION

All applications must be received no later than January 19, 2018 to participate in the 2017-2018 Applause Awards. Production applications must be submitted at least 3 weeks prior to your first production.

## **CONTACT INFORMATION**

School Name					
School Address			School Pho	ne	
Contact Person			Title		
Contact Email			Contact Ph	one	
Contact email address will be t	he primary means of comr	munication. Providing an em	ail address is mandat	cory.	
STUDENT & PAR	RENT LIAISON	N INFORMATIC	N		
Student Liaison Name					
	Address				
Parent Liaison Name					
Parent Liaison Contact Email A	Address				
Contact email address will be t	he primary means of comr	munication. Providing an em	ail address is mandat	ory.	
SHOW INFORMA	ATION				
You are required to keep the I	nusic for drums, bass, gu	uitar and piano until after t	he Applause Award	winners are announced l	May 2018.
Name of Musical					
Author	Сотро	oser	Lyricist		
Licensing House: (please circle	one) Tams-Witmark	Rodgers & Hammerstein	MTI Samuel	French Other:	
List all Dates & Times of Perform	rmance				
Performance Location					

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Attn: Ande Deaton, Applause Awards

Is the show double cast? (Answer 'yes' even if only one role is being shared by two students): (please circle one) Y or N
Would you like both casts evaluated? (If yes, please include an application fee for each cast.): (please circle one) Y or N
Budget of Musical
CERTIFICATION CHECKLIST
I have read the program Rules and Guidelines for the Dr. Phillips Center Applause Awards (listed at drphillipscenter.org/applauseawards)
and I certify that:
<ul> <li>My school is eligible to participate</li> <li>I understand the application deadlines</li> <li>I am authorized to commit my school to this program</li> <li>I agree to the program Rules and Guidelines (as outlined here and in the handbook)</li> <li>I will be the primary contact person for my school</li> <li>I agree to the Teacher/Director Responsibilities</li> <li>The information in this application is correct to the best of my knowledge</li> <li>I agree and commit to participate in the 2017–2018 Applause Awards Showcase on June 2, 2018 at 7 p.m., if applicable</li> </ul>
Signature Date
Print Name
METHOD OF PAYMENT
If you would like to process credit card information over the phone please call Kayla Rooplal at 407.992.1742.
☐ Check (Make Payable to Dr. Phillips Center for the Performing Arts) ☐ Credit Card
Type of Card: Visa Mastercard Discover American Express
Name as it appears on credit card:
Credit Card #: Expiration Date:
CVC ( 3 digit # on back of card or 4 digit # on front of American Express):
Application Checklist
<ul> <li>□ Complete and sign application form</li> <li>□ Include \$125 registration fee for each cast that will be reviewed, made payable to the Dr. Phillips Center for the Performing Arts</li> <li>□ Mail or email application packet to:</li> <li>Dr. Phillips Center for the Performing Arts</li> <li>e. ande@drphillipscenter.org</li> </ul>

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