#### DR. PHILLIPS CENTER



# All applications must be received no later than January 21, 2019 to participate in the 2018-2019 Applause Awards. Production applications must be submitted at least 3 weeks prior to your first production.

**APPLAUSE AWARDS** 

APPLICATION

# contact information

school name	
school address	school phone
contact person	title
contact email <i>(mandatory)</i>	contact phone

# student & parent liaison information

student liaison contact email address

parent liaison name

parent liaison contact email address (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 2019.

name of musical					
author	compos	er	lyrici	st	
licensing house: (please check one)	🗌 Tams-Witmark	□ Rodgers & Hammerstein	🗆 MTI	□ Samuel French	Other:
list all dates & times of performance	(please notify us if an	ny of these change)			

performance location (school theater)

Is the show double cast? (Answer 'yes' even if only one role is being shared by two students) : (please check one) Y or NWould you like both casts evaluated? (If yes, please include an application fee for each cast) : (please check 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:

- » My school is eligible to participate
- » I understand the application deadlines
- » I am authorized to commit my school to this program
- » I agree to the program Rules and Guidelines (as outlined here and in the handbook)
- » I will be the primary contact person for my school
- » I agree to the Teacher/Director Responsibilities
- » The information in this application is correct to the best of my knowledge
- » I agree and commit to participate in the 2018–2019 Applause Awards Showcase on June 1, 2019 at 7 p.m., if applicable

signature	date

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# method of payment

If you would like to process credit card information over the phone please call Sarah Mock at 407.455.5551.

	check	( make payable to	Dr. Phillips	Center for	the Performing Arts	5)	credit card
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type of card:	Visa	Mastercard	Discover	American Express
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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

complete & sign application form

include \$175 registration fee for each cast that will be reviewed

mail or email application

Dr. Phillips Center for the Performing Arts Attn: Sara York, Applause Awards 155 East Anderson Street Orlando, FL 32801

407.922.1786 sara.york@drphillipscenter.org

