

Application due Friday, January 21, 2019 or 3 weeks prior to **first** performance of your production, whichever comes first.

contact information

school name

school address

school phone

contact person

title

contact email (*mandatory*)

contact phone

student & parent liaison information

student liaison name

student liaison contact email address (*mandatory*)

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

performance location (*school theater*)

list all dates & times of musical for each cast/production

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
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
director			lighting designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
music director			sound designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
choreographer			costume designer		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
stage manager			hair / makeup artist		
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
set designer			orchestra leader		

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 %

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.

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 with financial need listed describing why he/she should be considered.**

12. Other Comments.

cast list

Beside classification, please indicate if the character is lead, supporting, featured performer, or ensemble performer. Please reference the National High School Musical Theatre Awards qualifying lead role document on our website or at <http://nhsmta.com/pages/qualifying-lead-roles>. A separate sheet may be attached. Please list **all** cast members.

character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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character name	classification	student name
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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.

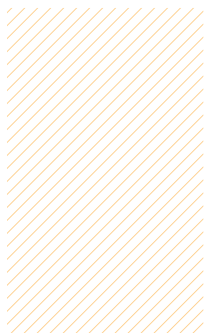
please sign

signature

date

print name

If you have any questions about this application or the Applause Awards program, please contact Sara York at **407.992.1786** or email at sara.york@drphillipscenter.org.



application checklist

complete & sign form

mail or email application packet

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

407.992.1786
Sara.York@drphillipscenter.org

