

All applications must be received no later than January 29, 2021 to participate in the 2021 Applause Awards. Production applications must be submitted at least 3 weeks prior to your first production.

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

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 2021.

name of musical					
author	compos	ser	lyrici	st	
licensing house: (please check one)		□ Rodgers & Hammerstein	□ MTI	□ Samuel French	□ Concord Theatricals
list all dates & times of performance	(please notify us if a	ny of these change)			

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 2021 Applause Awards Showcase on June 5, 2021 at 7 p.m., if applicable

signature	date

р	ri	n	t	n	a	m	e

method of payment

lf you would like to process credit card information over the phone please call Tatiana B	Bello at	407.455.5551
---	----------	--------------

	check ((make payable t	o Dr. Phillips	Center for the l	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

complete & sign application form

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

mail or email application to: applauseawards@drphillipscenter.org Dr. Phillips Center for the Performing Arts Attn: Laura Peete, Applause Awards 155 East Anderson Street Orlando, FL 32801

407.992.1783 laura.peete@drphillipscenter.org

