

2018/19

**THE 5TH AVENUE THEATRE AWARDS
HONORING HIGH SCHOOL MUSICALS**

APPLICATION PACKET

**The 5th Avenue Theatre Awards
will be held on Monday, June 3, 2019**

*PLEASE SUBMIT ONLY THE FOLLOWING APPLICATION FORM (PAGES 2-6).
PLEASE PRINT AND KEEP THE SUPPLEMENTAL INFORMATION PACKET FOR YOUR FUTURE
REFERENCE.*

2018/19

5TH AVENUE THEATRE AWARDS APPLICATION FORM

PLEASE INDICATE THE MAILING ADDRESS YOU PREFER WE USE IN FUTURE COMMUNICATIONS BY PLACING A CHECK MARK IN ONE OF THE APPROPRIATE BOXES IN THE MARGIN.

SCHOOL NAME SCHOOL DISTRICT

SCHOOL ADDRESS

CITY ZIP COUNTY

SCHOOL MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

SCHOOL PHONE NUMBER SCHOOL FAX NUMBER

COORDINATING TEACHER'S NAME

TEACHER'S DAY PHONE TEACHER'S EVE PHONE

TEACHER'S EMAIL ALTERNATE EMAIL

TITLE OF MUSICAL:

PERFORMANCES DATES AND TIMES INCLUDE ONLY PUBLIC PERFORMANCES WHICH YOU WANT US TO ATTEND

Example "April 29, 30 and May 1 and May 6, 7, 8 at 7PM plus May 1 and 8 at 2pm"

Performance dates and times:

DOUBLE CASTING ONLY IF YOU ARE DOUBLE CASTING A GIVEN SHOW, PLEASE INDICATE IF YOU WANT US TO EVALUATE BOTH CASTS (CHECK BOX AT RIGHT)
 EVALUATE BOTH CASTS
 EVALUATE ONLY CAST A
If you are double casting (within one production), but do not want us to evaluate both casts we will only evaluate CAST A and you should list only CAST A performance dates. Each additional cast within the production incurs a \$70 fee (or \$85 if submitted after November 5th). This fee is in addition to the \$100 fee (or \$110 if submitted after November 5th) for the first cast. This fee insures 2-3 evaluators attend each cast.
IF TWO CASTS ARE BEING EVALUATED PLEASE INDICATE DIVISION OF DATES FOR CAST A AND CAST B BELOW
Dates and Times Cast A:
Dates and Times Cast B:

PERFORMANCE VENUE: GENERAL SEATING ASSIGNED SEATING (Check One)

PERFORMANCE VENUE ADDRESS:

NOTE Please be advised that evaluators attending your production are provided with a copy of your school's application prior to attending your production. Therefore, please answer all questions as thoroughly and completely as possible. This is your opportunity to communicate with the evaluators regarding the rationale behind a particular show choice, the vision of the directors, and the special challenges faced in each unique school setting.

PROVIDE A BRIEF OVERVIEW OF YOUR SCHOOL'S PRODUCTION HISTORY

EXPLAIN WHY YOU SELECTED THIS YEAR'S MUSICAL
INCLUDING SPECIAL CONDITIONS SURROUNDING THE PRODUCTION

EXPLAIN THE SPECIFIC CHALLENGES OF MOUNTING A PRODUCTION AT YOUR SCHOOL
(I.E. SPACE/FACILITY, EXTENT OF COMMUNITY, SCHOOL BOARD OR ADMINISTRATION SUPPORT, ETC.)

PLEASE SELECT THE ESTIMATED BUDGET FOR YOUR SHOW

THIS DATA IS FOR INFORMATION PURPOSES ONLY.
BUDGET SIZE IS NOT USED AS A CRITERIA FOR EVALUATION

- \$0 - \$499 \$499 - \$1,000 \$1,000 - \$2,500 \$2,500 - \$4,999
- \$5,000 - \$7,499 \$7,500 - \$9,999 \$10,000 - \$20,000 \$20,000 +

PLEASE INDICATE THE SOURCE OF THESE FUNDS WITH AN ESTIMATED BREAKDOWN BY PERCENTAGE

(EXAMPLE: 60% TICKET SALES, 40% STUDENT FUNDRAISING ACTIVITIES)

- | | |
|---|---|
| <input type="text"/> School Board Allocations | <input type="text"/> Program Advertising/Boosters |
| <input type="text"/> Student Fundraising Activities | <input type="text"/> Community Support |
| <input type="text"/> Ticket Sales | <input type="text"/> Donations |
| <input type="text"/> ASB Allotments | <input type="text"/> Other, please specify: _____ |

YOUR STUDENTS

Estimated total school population: _____

Estimated combined number of students who participate in any aspect of the musical: _____

Are you a Title 1 school?: YES NO

% of school free/reduced lunch students: _____

RACE/ETHNICITY (OPTIONAL) PLEASE GIVE % OF RACE/ETHNICITY IN YOUR SCHOOL'S POPULATION

- | | |
|--|--|
| <input type="text"/> % Asian/South Asian | <input type="text"/> % American Indian/American Native |
| <input type="text"/> % Black/African descent | <input type="text"/> % Latino/a |
| <input type="text"/> % Pacific islander | <input type="text"/> % White/European descent |

YOUR THEATER PROGRAM

- | | | |
|---|------------------------------|-----------------------------|
| Are theater classes a part of your school's regular class curriculum?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| **If yes, do you have tech as well as acting classes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is your musical theater program ONLY an after school club/activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a parent booster organization that helps support your program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a choir program at your school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a band program at your school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have an orchestra program at your school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is everyone who auditions for the musical cast? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the grade level of students (i.e. Freshman, Sophomore, Junior or Senior) a factor in casting? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will your production be double cast with as little as one role being shared by two students? <i>If yes, please complete all information regarding double casting on page 2 of this application</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will your cast contain any guest artist/performers who are not enrolled in your high school? <i>If yes, send a list of all guest artists to Connie Corrick, School Programs Manager, no later than 2 weeks prior to your opening.</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

YOUR THEATER

PLEASE ATTACH DRIVING DIRECTIONS TO THE VENUE AND WALKING DIRECTIONS TO YOUR AUDITORIUM FROM THE PARKING AREA(S). This will help ensure that your evaluators can easily find the performance.

LEADERSHIP ROLES >>>>

Please indicate on the chart which positions are held by adults and which by students for your production. If student participation in these leadership roles changes prior to the production, **please notify Connie Corrick at ccorrick@5thavenue.org of any changes.**

POSITION	# OF ADULTS	# OF HS STUDENTS
DIRECTOR		
MUSIC DIRECTOR		
CHOREOGRAPHER		
DANCE CAPTAIN		
STAGE MANAGER		
SET DESIGNER		
LIGHTING DESIGNER		
SOUND DESIGNER		
COSTUME DESIGNER		
ORCHESTRA DIRECTOR		
ORCHESTRA MUSICIANS		

PLEASE INDICATE THE % OF YOUR SET AND COSTUMES THAT WERE BUILT VERSUS RENTED AND BORROWED, ETC

_____ % Set Built
 _____ % Set Rented/Borrowed*
 _____ % Costumes Built
 _____ % Costumes Rented/Borrowed*

***If renting/borrowing:** Will you be renting/ borrowing your set/costume pieces from a previously designed production of the same show title or are you are selecting pieces from a variety of sources to support your own design concept?

SAME SHOW VARIETY OF SOURCES

If you are using scenic background projections, were they designed for your show, or selected from a commercial catalogue of theatrical projections.*

DESIGNED FOR OUR SHOW PURCHASED FROM A CATALOGUE*

*If from a commercial catalogue, were the scenic projections designed for use with the same show title you are producing, or selected from a generic stock of background looks

THIS SHOW GENERIC LOOKS

OTHER INFORMATION

How early does your house open prior to show time:

Is your seating general or assigned?

Is your Director a resident teacher at your school or a guest?

RESIDENT GUEST

APPLICATION CHECKLIST

ACCURATE DRIVING DIRECTIONS
or map, to the performance venue from a major highway
(i.e. Interstate 5 or Interstate 90)

WALKING DIRECTIONS
from the parking area to the auditorium in the venue

COMPLETED AND SIGNED APPLICATION FORM (PAGES 2-6)

EARLY ENTRY PAYMENT
\$100.00 registration fee for first or only Cast, \$70.00 for each additional Cast in
the same show **if application is received by November 5, 2018.**

LATE ENTRY PAYMENT
\$110.00 registration fee for first or only cast, \$85.00 for each additional cast in
the same show **if application is received after November 5, 2018.**

SUBMITTING YOUR APPLICATION
Applications can be submitted by mail, fax, or
sent electronically (PDF files)

HARD COPIES
should be sent to:
The 5th Avenue Theatre
1326 5th Ave - Suite 735
Seattle, WA 98101
Attn: 5th Avenue Theatre Awards

FAX
(206) 292-9610

PDF FILES
of scanned applications should be e-mailed to:
ccorrick@5thavenue.org

QUESTIONS? NEED HELP? CONTACT US!

CONNIE CORRICK
School Programs Manager
(206) 260-2106
ccorrick@5thavenue.org

**Please choose and attach
ONE method of payment,
and fill out ALL information
listed. Failure to fill out all
information (Expiration
dates, PO numbers, etc.) or
failure to attach payment
may result in a delayed
application >>>**

Check Check # _____

Credit Card Credit Card # _____ Exp: ____ / ____

Credit Card Name on Card _____

Purchase Order:
Include PO for
billing instructions Purchase Order # _____

By submitting this form, I am stating that my organization will not hold the 5th Avenue Theatre responsible for any injury which may occur from participation in the program. Furthermore, I am also accepting that any photos or video taken for the event or supplied by this school are able to be used by the 5th Avenue Theatre in marketing or publicity without further consent. I hereby state that the above information is correct to the best of my knowledge, and I agree to abide by the rules and guidelines as stated in the 2018/19 5th Avenue Theatre Awards INFORMATION PACKET.

SIGNATURE OF SCHOOL MUSICAL REPRESENTATIVE

DATE

POSITION/TITLE

PHONE