

2019/20

THE 5TH AVENUE THEATRE AWARDS

HONORING HIGH SCHOOL MUSICALS

APPLICATION

CEREMONY DATE

MONDAY, JUNE 1, 2020

VENUE

BENAROYA HALL

2019/20

THE 5TH AVENUE THEATRE AWARDS APPLICATION

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"

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)	<input type="checkbox"/> EVALUATE BOTH CASTS <input type="checkbox"/> 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 5 th). This fee is in addition to the \$100 fee (or \$110 if submitted after November 5 th) 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:	<input type="checkbox"/> GENERAL SEATING <input type="checkbox"/> ASSIGNED SEATING
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PERFORMANCE VENUE ADDRESS:

CONTEXT FOR EVALUATORS PROVIDING FEEDBACK

We look forward to providing written feedback to help support the growth of your program. Please answer all questions as thoroughly and completely as possible. This is your opportunity to communicate with the evaluators to help them generate feedback that is as relevant and useful as possible. Information that you include below is not taken into account when applying evaluation criteria for determining nomination for awards..

1) PROVIDE A BRIEF OVERVIEW OF YOUR SCHOOL'S PRODUCTION HISTORY

2) PLEASE PROVIDE ANY SPECIFIC QUESTIONS REGARDING FOCUS AREAS OR CATEGORIES FOR WHICH FEEDBACK WOULD BE HELPFUL

EXPLAIN WHY YOU SELECTED THIS YEAR'S MUSICAL

(including any 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.)

The information that you provide on this page is used to better understand whom this program serves and how The 5th Avenue Theatre can best advocate for musical theater programs in schools. Information that you include below is not taken into account when applying evaluation criteria for determining nomination for awards.

YOUR STUDENTS

Estimated total school population: _____

Are you a Title 1 school?: YES NO

Estimated combined number of students who participate in all aspects of the musical: _____

% of school free/reduced lunch students: _____

RACE/ETHNICITY PLEASE GIVE % OF RACE/ETHNICITY OF STUDENTS PARTICIPATING IN ALL ASPECTS OF YOUR MUSICAL THEATER PROGRAM

_____ % Asian/South Asian

_____ % American Indian/American Native

_____ % Black/African descent

_____ % LatinX

_____ % Pacific islander

_____ % White/European descent

YOUR BUDGET

\$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 +

INDICATE THE SOURCE OF FUNDING: PLEASE, ESTIMATE BREAKDOWN BY PERCENTAGE

(Example: 60% Ticket Sales, 40% Student Fundraising Activities)

_____ School Board Allocations

_____ Program Advertising/Boosters

_____ Student Fundraising Activities

_____ Community Support

_____ Ticket Sales

_____ Donations

_____ ASB Allotments

_____ Other, please specify: _____

YOUR THEATER PROGRAM

Are theater classes a part of your school's regular class curriculum?*

YES NO

**If YES, do you have tech as well as acting classes?

YES NO

Is your musical theater program ONLY an after school club/activity?

YES NO

Do you have a parent booster organization that helps support your program?

YES NO

Do you have a choir program at your school?

YES NO

Do you have a band program at your school?

YES NO

Do you have an orchestra program at your school?

YES NO

Is everyone who auditions for the musical cast?

YES NO

Is the grade level of students (i.e. Freshman, Sophomore, Junior or Senior) a factor in casting?

YES NO

PLEASE ATTACH DRIVING DIRECTIONS TO THE VENUE AND WALKING DIRECTIONS TO YOUR AUDITORIUM FROM THE PARKING AREA(S).

HOW EARLY DOES YOUR HOUSE OPEN PRIOR TO SHOW TIME?

The information that you provide below WILL be used to determine eligibility for nominations.

Will your production be double cast with as little as one role being shared by two students? YES NO
If yes, please complete all information regarding double casting on page 2 of this application

Will your cast contain any guest artist/performers who are not enrolled in your high school? YES NO
If yes, send a list of all guest artists to Connie Corrick, School Programs Manager, no later than 2 weeks prior to your opening.

LEADERSHIP ROLES >>>

We value student participation in all aspects of musical theater production.

Please use the chart to indicate all positions that 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		

IS YOUR DIRECTOR A RESIDENT TEACHER AT YOUR SCHOOL OR A GUEST? RESIDENT GUEST

PLEASE INDICATE THE % OF YOUR SET AND COSTUMES THAT WERE RENTED, BORROWED, OR PURCHASED

_____ % SET rented/borrowed/purchased*
_____ % COSTUMES rented/borrowed/purchased*
***If renting/borrowing/purchasing:** Will you be renting/borrowing/purchasing existing set/costumes pieces from a previously designed production of the same show title, or are you selecting pieces from a variety of sources to support your own design concept?
 SAME SHOW TITLE VARIETY OF SOURCES

PROJECTIONS

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 TITLE GENERIC LOOKS

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)

PAYMENT

- EARLY ENTRY PAYMENT
\$100.00 registration fee for first OR only cast, \$70.00 for each additional cast in the same show **if submitted by November 5, 2019.**
- LATE ENTRY PAYMENT
\$110.00 registration fee for first or only cast, \$85.00 for each additional cast in the same show **if submitted after November 5, 2019.**

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 >>>

<input type="checkbox"/> CHECK	CHECK # _____
<input type="checkbox"/> CREDIT CARD	CC # _____ EXP: ____/____ NAME ON CARD: _____
<input type="checkbox"/> PURCHASE ORDER	Attach to application. PURCHASE ORDER # _____

By submitting this form, I am stating that my organization will not hold The 5th Avenue Theatre responsible for any injury that 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 may 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 that I have reviewed and agree to abide by the rules and guidelines as stated in the 2019/20 INFORMATION PACKET for The 5th Avenue Theatre Awards.

SIGNATURE OF SCHOOL MUSICAL REPRESENTATIVE

DATE

POSITION/TITLE

PHONE