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"

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 TWO CASTS ARE BEING EVALUATED PLEASE INDICATE DIVISION OF DATES FOR CAST A AND CAST B BELOW

DOUBLE CASTING ONLY

Doubles and Times CAST A:

Doubles and Times CAST B:

PERFORMANCE VENUE:

PERFORMANCE VENUE ADDRESS:

□ GENERAL SEATING    □ ASSIGNED SEATING
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: ____________________
Estimated combined number of students who participate in all aspects of the musical: ________________

Are you a Title 1 school?:    □ YES □ NO

% 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
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 are held 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.

**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.*

*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 □ DESIGNED FOR OUR SHOW □ PURCHASED FROM A CATALOGUE*

□ 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

☐ CHECK
CHECK #

☐ CREDIT CARD
CC # ___________________________ EXP: ___ / ____
NAME ON CARD:

☐ PURCHASE ORDER
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