

APPLICATION FORM

(Please print legibly or type)

SCHOOL NAME _____

STREET ADDRESS _____

CITY/TOWN _____ ZIP _____

SCHOOL PHONE _____ FAX _____

COORDINATING TEACHER/DIRECTOR'S NAME _____

DIRECTOR'S DAYTIME PHONE _____

DIRECTOR'S EVENING PHONE _____

E-MAIL ADDRESS _____

NAME OF MUSICAL _____

DATES AND TIMES (include all performances and dress rehearsal)

Schools are responsible for contacting Theatre at the Mount with any changes in performance dates or times.

LOCATION OF PERFORMANCES

QUESTIONS: (confine your remarks to the space provided)

1. Provide a brief overview of your school's production history. _____

2. Explain why you selected this year's musical. _____

3. Explain the specific challenges of mounting a production at your school. _____

4. Please check the estimated budget for your show. (This data is for information purposes only. Budget size is not used as a criterion for judging)

\$0 - \$500

\$2000 - \$3999

\$8000 - \$9999

\$500 - \$999

\$4000 - \$5999

\$10,000+

\$1000 - \$1999

\$6000 - \$7999

5. What is the estimated student population of your school? _____

6. What is the estimated number of students that participate in the production? _____

7. Is casting for the musical selective or is everyone who auditions cast? _____

8. Is student grade level a factor in casting decisions? _____

9. Please indicate if you anticipate having students work in production positions for your show. (e.g. director, musical director, choreographer, etc.) _____

10. Does your school use an all-student orchestra? _____

PLEASE ENCLOSE THE FOLLOWING:

Directions to your theatre _____

\$100 Registration Fee (check payable to **Theatre at the Mount**)

Name, phone number and e-mail address for the individual who will be your school's primary contact person.

Name _____ Relationship to Production _____

Daytime phone _____ Evening Phone _____

E-mail address _____

I HEREBY STATE THAT THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE IS CORRECT, AND I AGREE TO ABIDE BY THE ENCLOSED RULES AND GUIDELINES.

Signature _____

High School _____

Date _____

Mail application to:

Gail Steele
Theatre at the Mount
444 Green Street
Gardner, MA 01440