

OCEAN STATE STAR AWARDS APPLICATION



All applications must be received no later than Tuesday, January 16, 2024, to participate in the 2023-2024 Ocean State Star Awards. Production applications must be submitted at least 4 weeks prior to your first production.

CONTACT INFORMATION

| School Name | | |
|---|---|--|
| School Address | | School Phone |
| Contact Person | | Title |
| Contact Email | | Contact Phone |
| Contact email address will be the primary mean | s of communication. Providing an e | email address is mandatory. |
| STUDENT & PARENT LIAISON INFORMATION | NC | |
| Student Liaison Name | | |
| Student Liaison Contact Email Address | | |
| Parent Liaison Name | | |
| Parent Liaison Contact Email Address | | |
| Contact email address will be the primary mean | s of communication. Providing an e | email address is mandatory. |
| SHOW INFORMATION | | |
| You are required to keep the music for drums, boannounced May 2024. | ass, <mark>guitar</mark> and <mark>piano</mark> until after the | Ocean State Star Award winners are |
| Name of Musical | | |
| Author C | Composer | Lyricist |
| Licensing House (please circle): Tams-Witm | nark Rodgers & Hammerstein | MTI Samuel French Other |
| List all Dates & Times of Performance | | |
| Performance Location | | |
| Is the show double cast? (Answer 'YES' eve | n if only one role is being share | d by two students): \Box Y or \Box N |
| Would you like both casts evaluated? (If 'Y | ES', please include an applicat | on fee for each cast): $\Box Y$ or $\Box N$ |
| Budget of Musical: \$ | | |





CERTIFICATION CHECKLIST

I have read the program Rules and Guidelines for the Providence Performing Arts Center Ocean State Star Awards (listed at ppacri.org/oceanstatestarawards) 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.
- > I agree to attend the mandatory Director's Meeting scheduled for Saturday, March 2, 2024.
- > The information in this application is correct to the best of my knowledge.
- ➤ I agree and commit to participate in the 2023-2024 Ocean State Star Awards Showcase on Sunday, June 2, 2024, at 7:00 PM, if applicable.

| Signature | Date |
|--|--|
| Print Name | |
| | |
| METHOD OF PAYMENT | |
| If you would like to process credit card information over the phone | , please call Betsy Rinaldi at (401) 574-3181. |
| $\ \square$ Check (Make payable to Providence Performing Arts Center | Credit Card |
| Type of Card: Visa Mastercard Discover | American Express |
| Name as it appears on card: | |
| Credit Card #: | Expiration Date: |
| CVC (3-digit # on back of card or 4-digit # on front of American E | xpress): |
| APPLICATION CHECKLIST | |
| Read the Ocean State Star Awards Handbook in i Complete and sign application form Include \$350 registration fee for each cast that wi | |
| Providence Performing Arts Center | |
| Confirm your high school is participating in one (1 participation in multiple RAPs will disqualify your so Jimmy Awards® | |
| ☐ Mail or email application packet to: | |
| Providence Performing Arts Center Attn: Dana Brazil, Ocean State Star Awards 220 Weybosset Street Providence, RI 02903 | e. dbrazil@ppacri.org p. (401) 574-3132 |