

CONTACT INFORMATION

Performance Location (please list COMPLETE address)



OCEAN STATE STAR AWARDS PRODUCTION APPLICATION

Production applications must be <u>submitted at least 4 weeks prior</u> to your first production. Late submissions MUST be approved and are subject to a \$150 late fee per production (inclusive of double casting).

School Name		
School Address	School Phone	
Contact Person	Title	
Contact Email	Contact Phone	
Contact email address will be the primary means of communication	n. Providing an email address is mandatory.	
STUDENT & PARENT LIAISON INFORMATION		
Student Liaison Name		
Student Liaison Contact Email Address		
Adult Liaison Name		
Adult Liaison Contact Email Address		
Contact email address will be the primary means of communication	n. Providing an email address is mandatory.	
SHOW INFORMATION		
You are required to keep the music for drums, ba Ocean State Star Award winners are on announce		
Name of Musical		
List all Dates & Times of Musical for Each Cast/Production		
List all Dates & Times of Musical for Each Cast/Production (cont'd.)		





INFORMATION FOR REVIEWERS

NOTE: Please be advised that adjudicators attending your production are provided with a copy of this section prior to attending the performance. This is your opportunity to communicate with the adjudicators regarding the resources available to your school, the rationale behind a particular show choice, the vision of the director(s), and the special challenges faced in each unique school setting. Please attach an additional sheet if necessary.

		Student		Adult	Studer
Director			Lighting Designer		
Music Director			Sound Designer		
Chara a surain la av			Costumo Dosimor		
Choreographer			Costume Designer		
 Stage Manager			Hair/Makeup Artist		
			·		П
Set Designer			Orchestra Leader	⊔	
Set Built %:			Costumes	s Built %:	
Set Rented/Borrowed%:			Costumes	s Rented/Borr	rowed %
What is your school's bu	dget for this mus	ical? \$			
Please provide a breakc	down of budget	below:			
Musicians %:			Royaltie	s %:	





Please indicate the sources of these funds, with a Sales, 40% Donations).	n estimated percentage breakdown (i.e. 60% Ticket
Ticket Sales %:	School Board Allocation %:
Student Fundraising %:	Community Support %:
Donations %:	Other %:
7. Please indicate which calls your stage manager r Light Cues Sound Cues Scene (makes during the production: Changes \square
8. Please provide a brief overview of your school's p	production history.
9. Please provide a brief synopsis of your chosen pro	oduction.
10. Explain why you selected this year's musical. In	nclude any special conditions related to the
production.	





1. Explain an	y specific challenges related to producing a musical (or this specific musical) at your schoo
2. Please ide	ntify where adjudicators can park when attending your production.
3. Other Con	nments:





Scholarship. Attach a paragraph (at MINIMUM) for each student listed describing why you nominated this student, their plans for post-graduation, and their financial landscape at home. <u>Please note that the scholarship is based on financial need, not necessarily talent.</u> If you do not complete this section, NC students from your school will be considered for scholarships.		





Cast List

Above classification, please indicate if the character is lead, supporting, featured performer, or ensemble performer. Please reference the National High School Musical Theatre Awards qualifying lead role document on their website at https://www.jimmyawards.com/participation/qualifying-shows-and-roles/. A separate sheet may be attached. Please list **all** cast members.

Character Name	Classification	Student Name/Pronouns/Grade
Character Name	Classification	Student Name/Pronouns/Grade
Character Name	Classification	Student Name/Pronouns/Grade
Character Name	Classification	Student Name/Pronouns/Grade
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Character Name	Classification	Student Name/Pronouns/Grade
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Character Name	Classification	Student Name/Pronouns/Grade
Character Name	Classification	Student Name/Pronouns/Grade





CERTIFICATION

I have read the program Rules and Guidelines for the Providence Performing Arts Center Ocean State Star Awards (listed at www.ppacri.org/oceanstatestarawards) and I certify that all of the information above is correct.

PLEASE	SIGN	
 Signatur	re	Date
Print Na	ıme	
	ive any questions about this application or the Ocean State 4-3132 or email at dbrazil@ppacri.org.	e Star Awards program, please contact Dana Brazil at
APPLIC	CATION CHECKLIST	
	Complete and sign application form Mail or email application packet WITH COMPLETE	D CONTRACT 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