



OCEAN STATE STAR AWARDS PRODUCTION APPLICATION

Production Applications due at least 4 weeks prior to first performance of your production.

CONTACT INFORMATION

| School Name | | | |
|--|--|--|--|
| School Address | School Phone | | |
| Contact Person | Title | | |
| Contact Email | Contact Phone | | |
| Contact email address will be the primary means of communication. Providing an email address is mandatory. | | | |
| STUDENT & PARENT LIAISON INFORMATION | | | |
| Student Liaison Name | | | |
| Student Liaison Contact Email Address | | | |
| Parent Liaison Name | | | |
| Parent Liaison Contact Email Address | | | |
| Contact email address will be the primary means of communica | tion. Providing an email address is mandatory. | | |
| SHOW INFORMATION | | | |
| You are required to keep the music for drums, bass, guitar and pi announced May 2024. | ano until after the Ocean State Star Award winners are | | |
| 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.) | | |
| Performance Location | | | |







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.

1. Please enter names of technical artists and check the box whether the positions below are held by adults or students for your production: Adult Student Adult Student Director Lighting Designer Music Director Sound Designer П Choreographer Costume Designer Hair/Makeup Artist Stage Manager Set Designer Orchestra Leader 2. Total number of people involved in production: Students _____ Adults _____ 3. Please indicate what percentage of your orchestra is composed of students: 4. Please indicate the percentage of set and costumes that are built versus rented/borrowed: Set Built %: Costumes Built %: Set Rented/Borrowed%: Costumes Rented/Borrowed %: 5. What is your school's budget for this musical? \$_____ Please provide a breakdown of budget below: Musicians %: Royalties %: Designers %: Other %:





| 6 | ase indicate the sources of these funds, with an estimated percentage breakdown (i.e. 60% Ticket es, 40% Donations). | | |
|----|--|--|--|
| | Ticket Sales %: | School Board Allocation %: | |
| | Student Fundraising %: | Community Support %: | |
| | Donations %: | Other %: | |
| 7. | Please provide a brief overview of your school's production history. | | |
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| 8. | . Please provide a brief synopsis of your chosen production. | | |
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| 9. | . Explain why you selected this year's musical. Include any s | pecial conditions related to the production. | |
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| 10. | Explain any specific challenges related to producing a musical (or this specific musical) at your school. |
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| 1. | Please identify any graduating seniors who should be considered for the Ocean State Star Awards Scholarship. Attach a brief statement for each student listed describing why you nominated this student their plans for post-graduation, and their financial landscape at home. Please note that this scholarship is based on financial need, not necessarily talent. If you do not complete this section, NO students from |
| | your school will be considered for scholarships. |
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| 12. | Please identify where adjudicators can park when attending your production. |
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| 13. | Other Comments. |
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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 http://nhsmta.com/pages/qualifying-lead-roles. A separate sheet may be attached. Please list all cast members.

| Character Name | Classification | Student Name/Pronouns |
|----------------|----------------|-----------------------|
| Character Name | Classification | Student Name/Pronouns |
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| Character Name | Classification | Student Name/Pronouns |





CERTIFICATION

Providence, RI 02903

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 | |
|--|--|
| Signature | Date |
| Print Name | |
| If you have any questions about this application or the Ocean State (401) 574-3132 or email at dbrazil@ppacri.org. | e Star Awards program, please contact Dana Brazil at |
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| APPLICATION CHECKLIST | |
| Complete and sign application formMail or email application packet to: | |
| Providence Performing Arts Center Attn: Dana Brazil, Ocean State Star Awards 220 Weybosset Street | e. dbrazil@ppacri.org p. (401) 574-3132 |