

# 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