



Email the completed application to: helenhayesyt@gmail.com

Application

Mail \$75 application fee to: Helen Hayes Youth Theatre, PO Box 395, New City, NY 10956

School Name:

School Address:

Street:

City:

State:

Zip:

County:

Coordinating Teacher's Name:

Coordinating Teacher's Email Address:

Coordinating Teacher's School Phone Number:

Coordinating Teacher's Cell Number:

Box Office Manager Email Address (leave blank if this is same as Coordinating Teacher):

Box Office Manager Cell Number:

TITLE OF MUSICAL:

Will your production be double or triple cast?

NO

YES (If YES, please note that you must select only one cast to represent your school in the Metro Awards. Please list only the designated cast's performance dates here:

PERFORMANCE DATES & TIMES

Day of Week, Month, Date, Time:

LOCATION OF PERFORMANCES

At School → Theatre/Auditorium
Cafeteria/Gymnasium

Outside Venue (include address here):

SEATING:

Reserved Seating
General Admission Seating

If any changes in performance dates, times or location occur, please contact us as soon as possible at: (845) 826-2049 / helenhayesyt@gmail.com

QUESTIONS:

1. Please provide a brief overview of your school's production history:
2. Please identify the musical you have selected to produce and provide a brief synopsis of the book
3. Explain why you selected this year's musical including special conditions surrounding this production
4. What are your goals for this production? Who do you hope to achieve for yourself, your students and your school community?
5. Explain the challenges of mounting a production at your school (space, facility, extent of community, school board, administration support, etc.)

6. Please check the estimated budget for your show. Please note: Budget size is not used as a criteria for evaluation.

7. Please indicate the estimated source of these funds

- | | |
|---------------------------|----------------------------------|
| % School Board Allocation | % Student Fundraising Activities |
| % Ticket Sales | % Program Advertising/Boosters |
| % Community Support | % Donations |
| % Other (be specific): | |

8. Please indicate an estimate as to how these funds are spent:

- | | |
|---------------------------------|-----------------------|
| % Creative Team Salaries | % Musicians |
| % Rented Materials | % Purchased Materials |
| % Printed Materials & Marketing | |
| % Other (be specific): | |

9. Do you plan on renting some elements such as costumes, sets or props? Do you have a student or parent crew that will help build these elements?

10. What is the approx. student population of your school?

11. What is the approx. number of students that participate in the musical including performance and production ?

12. Is casting for the musical selective, or is everyone who auditions cast?

13. Is student grade level a factor in casting decisions? YES NO

Please explain:

14. What type of orchestra do you plan to use. This will impact eligibility in Student Orchestra category.

Primarily student orchestra (at least 75% students)

Professional orchestra (25% or more professional musicians)

Musical accompaniment CD or digital tracks

What is the estimated number of professional musicians you plan to use?

What is the estimated amount of digital musical you plan to use (i.e.: 10% digital strings)

Driving Directions to Performances

Please include performance location from a major highway. Include rush hour traffic and parking advisements or other specifics. If your school website has directions posted, please provide a link to that page as well.

APPLICATION MUST BE EMAILED TO: helenhayesyt@gmail.com

We will only accept emailed applications. Please do not mail the application via US Mail.

\$75 APPLICATION FEE MUST BE MAILED TO:

Helen Hayes Youth Theatre, PO Box 395, New City, NY 10956

Make check payable to: Helen Hayes Youth Theatre

APPLICATION AND FEE DEADLINE: February 1, 2020