



CONTACT INFORMATION

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_  
*Email will be the primary means of communication. Providing an email address is mandatory.*

Contact Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

SHOW INFORMATION

Name of Musical: \_\_\_\_\_

Author: \_\_\_\_\_

Lyricist: \_\_\_\_\_ Composer: \_\_\_\_\_

Licensing House: Tams-Witmark    Rodgers & Hammerstein    MTI    Sam French    Other: \_\_\_\_\_

Dates & Times of Musical: \_\_\_\_\_

Performance Location: \_\_\_\_\_  
*Include address, if different from school address.*

Is the show double cast? (Answer 'yes' even if only one role is being shared by two students.)    Y    N

Would you like both casts evaluated?    Y    N    *If yes, please include an application fee for each cast. An Overture representative will contact you for more info.*

What is the estimated student population of your school? \_\_\_\_\_ How many will participate in the musical (approx)? \_\_\_\_\_

What is the estimated number of non-student participants? (Includes parents and community volunteers building sets, making costumes, ushering, selling tickets etc.) \_\_\_\_\_

What is the estimated percentage of students at your school qualify for the free and reduced lunch program? \_\_\_\_\_ %  
*This data is for information purposes only. It will not be used during evaluation.*

## INFORMATION FOR REVIEWERS

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

Please indicate in the charts below the positions that are held by adults and/or students for your production:

	# of Adults	# of Students		# of Adults	# of Students
Director			Lighting Designer		
Music Director			Sound Designer		
Choreographer			Costume Designer		
Stage Manager			Hair/Makeup Artist		
Set Designer			Orchestra		

Please indicate the percentage of your set and costumes that are built versus rented/borrowed:

Set built	%	Set rented/borrowed	%
Costumes built	%	Costumes rented/borrowed	%

What is your school's budget for this musical?     \$ \_\_\_\_\_

Please indicate the sources of these funds, with an estimated percentage breakdown (e.g. 60% Ticket Sales, 40% Donations):

Ticket Sales	%	School Board Allocation	%
Student Fundraising	%	Community Support	%
Donations	%	Other:	%

Provide a brief overview of your school's production history:

## INFORMATION FOR REVIEWERS (continued)

Explain why you selected this year's musical. Include any special conditions related to the production:

Explain any specific challenges related to producing a musical (or this specific musical) at your school:

Please tell us about the facility where your school's musical will be performed. (include the age of the facility, the kind of equipment that is available to your production, and any challenges related to performing in that facility):

Other:

## CERTIFICATION AND APPLICATION CHECKLIST

I have read the program Rules and Guidelines for Overture's Tommy Awards (listed at [overturecenter.com/community/tommy-awards](http://overturecenter.com/community/tommy-awards)), and I certify that:

1. My school is eligible to participate
2. I understand the application deadlines
3. I am authorized to commit my school to this program
4. I agree to the program Rules and Guidelines (as outlined here and on the website)
5. I will be the primary contact person for my school
6. I agree to the Teacher/Director Responsibilities
7. The information in this application is correct to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

- Complete and sign **application form**
- Include **\$30 registration** fee for each cast that will be reviewed, made payable to Overture Center
- If your school produces a playbill with advertisements, **please include** ad rates, sizes and deadline for submission. Overture Center would consider advertising.
- Mail, email or fax application packet to:

Tim Sauers  
Program Director  
Overture Center for the Arts  
201 State Street  
Madison, WI 53703  
[tsauers@overturecenter.com](mailto:tsauers@overturecenter.com)  
Fax 608.258.4971

**If you have any questions about this application or Overture's Tommy Awards program, please contact Tim Sauers at 608.258.4420 or [tsauers@overturecenter.com](mailto:tsauers@overturecenter.com).**