



Dear Applicant,

Thank you for applying to audition for a theatrical experience to perform in the production of **Thoroughly Modern Millie, The Broadway Musical, presented through special arrangements with Music Theatre International (MTI)**

The project is open to all incoming high school freshman, as of school year fall 2014 up to participants through 22 years of age. (It is NOT necessary to be enrolled in college.)

Program dates: Monday, June 16 through Saturday, July 19, 2014

In observance of Independence Day, no rehearsals are scheduled for Friday, July 4. Rehearsals resume Monday, July 7.

Audition – Monday June 16 at the King Center beginning at 12:30 pm and will run until all applicants have auditioned.

Anyone arriving after **12:30 p.m. or without prior registration** is not guaranteed an audition on Monday, June 16.

Registrants with accompanying fee received prior to June 16 are guaranteed an audition. Those auditioning will be taught 16 measures of music from the production with dance movement to follow. Also, this may include a cold reading from the script. Applications will be reviewed by the artistic director and the production team. Applicants will be notified on June 17th of their acceptance into the program. If selected into the project it is your responsibility to provide transportation and be available at all rehearsals, classes and performances. Any personal scheduling issues must be discussed with the Artistic Director.

SELECTION: Final determination by the Artistic Director

To apply: Early bird registration runs April 2nd through May 23rd. Early registration must be accompanied by the \$25 registration fee postmarked before **Friday, May 23rd**. Registration received after May 23rd is \$35. *Registration is processed on a first-come basis and is NON-REFUNDABLE.*

Tuition: \$325 (Non-refundable registration fee will be applied to the project fee for students selected into the project)
\$25 Registration with applications received through Friday, May 23
\$35 Registration with applications received after May 23 through June, 16th

INQUIRY ABOUT SCHOLARSHIPS AND FINANCIAL ASSISTANCE FOR INDIVIDUAL HOUSEHOLDS MUST BE INDICATED ON THE REGISTRATION APPLICATION FOR CONSIDERATION. BE PREPARED TO PROVIDE DOCUMENTS SHOWING NEED.

Payments: Checks payable to King Center for the Performing Arts

Mail to: King Center Attn: SMTP, 3865 N. Wickham Road, Melbourne FL 32935

Visa, Master Card, American Express and Discover are acceptable methods of payment



Registration Application



Incoming high school freshman, as of school year fall 2014
up to participants through 22 years of age

Audition date: Monday June 16th, 2014

12:30 PM at King Center for the Performing Arts

PLEASE ATTACH HEADSHOTS AND RESUMES. AN 8X10 SCHOOL PHOTO OR CLOSE-UP IS ACCEPTABLE. IT DOES NOT HAVE TO BE PROFESSIONAL. PHOTOS WILL NOT BE RETURNED. APPLICATIONS WITHOUT REQUESTED DOCUMENTS WILL BE RETURNED

Registration Fee: Is Non-refundable and is processed on a first come basis

\$25 Early bird registration with accompanying fee must be postmarked and received by **Friday, May 23.**

\$35 Registration after Friday, May 23rd

Note: If chosen, the registration fee will be applied to the tuition.

Please make checks payable to the King Center and remit with accompanying registration

Name (last), First, Age, Date of birth _____

Address, City, State, Zip Code _____

Phone number (include area code) H _____ C _____

Email _____

I am applying for: Performance, costume, orchestra; production; stage craft, musician or other area of interest:

List previous performing/interest area experience (attach resume) _____

Select all previous training received. Include genre, number of years study, and teachers

Select as many that apply

- ☐ Dance: _____ Vocal: _____
☐ Dramatic: _____ Musical Instruments _____
☐ Other activities you are currently involved with: _____

List any health or emotional conditions which we should be made aware of: _____

List any other vital information that may limit your participation in the project: _____

I understand and agree if I am selected for this project, it is my responsibility to have transportation, be available and prepared to attend and participate in all rehearsals, classes and performances. I further understand, due to the nature of the program, the schedule is subject to change during the course of the program.

By my signature, I further understand as a participant of this program, I may be photographed and asked to provide sound bites to be used by authorized personnel and media for ongoing presentation and promotion of King Center, Eastern Florida State College and Historic Cocoa Village Playhouse presented programs.

Participant Name (please print)	Participant signature	Email address	Date
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Parent Name (please print)	Parent signature	Email address	Date
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Return completed registration to King Center Attn: SMTP2014
3865 N Wickham Road Melbourne, FL 32935



FOR OFFICE USE ONLY

Account # _____

☐ Actors' Equity Association
☐ Screen Actors Guild (SAG)
 YES _____ NO _____

(SMTP) SUMMER MUSICAL THEATRE PROJECT REGISTRATION # _____

Name of student: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ State _____ Zip _____

Date of Birth: _____ Age _____ Weight _____ Height _____ Eye _____ Hair color _____
MMDDYYYY

Home Phone: _____ Cell _____

School presently attending: _____ Grade _____ GPA _____

E-mail address: _____

**All communications (acceptances, declinations, schedules, etc.) with you will be through your e-mail address. Please make sure to include your correct e-mail address in the space provided above. PRINT CLEARLY*

I am applying for: Performance, costume, orchestra; production; stage craft or other area of interest: _____

I AM INTERESTED IN FINANCIAL ASSISTANCE: Y _____ N _____

Important Information:

In order to be considered for SMTP, you must be available from June 16 through July 19, 2014 for the entire time period. If you are selected for the program, it will be mandatory for you to be at **ALL** rehearsals and performances. **Any personal scheduling issues must be discussed with the Artistic Director.** Tuition for all selected participants is \$325. The project fee includes: 1 complimentary T-Shirt, study materials, surprise guest chat back; 1 pair of complimentary tickets to a selected performance time of Thoroughly Modern Millie and 1 complimentary ticket in grand tier seating to the Historic Cocoa Village Playhouse 24th Season Announcement Party on Saturday, July 12, 2014 at the King Center.

By my signature I understand and agree that my child (named above) **MUST** be available for all rehearsals and performances as noted if chosen for the program. I understand that if my child is chosen, I may be asked to bring clothing items for him/her for the program (i.e. t-shirts, coats, shoes, etc.). I understand that being in the program is a significant time commitment and that there is no paid compensation for my child's participation in the program. I understand in an emergency requiring medical attention for my child, I authorize the representatives of the King Center/Cocoa Village Playhouse to call the nearest designated medical emergency facility for treatment. It is understood as the parent or legal guardian I will be responsible for all medical costs that may result from this service. As a participant of this program you may be photographed, videotaped or provide sound bite for future promotion of King Center/Cocoa Village Playhouse presented programs.

Signature: _____ Date: _____

PRINT NAME / SIGNATURE

Please attach headshots and resumes. An 8x10 school photo or close-up is acceptable. It does not have to be professional.

PHOTOS WILL NOT BE RETURNED. REGISTRATION WITHOUT REQUESTED DOCUMENTS WILL BE RETURNED

SPACE IS LIMITED! Completed registration accompanied with registration fee must be postmarked and received prior to **May 23, 2014.** Registration fee after May 23rd is \$35. ALL REGISTRATION FEE IS NON-REFUNDABLE. **Mail to:** King Center Attn: SMTP, 3865 N. Wickham Road, Melbourne FL 32935

We are not responsible for any lost mail



CREDIT CARD

Payment authorization

Summer Musical Theatre Project (SMTP)

Name: _____ Account No. Official Use

Address _____ Phone _____

City _____ ST _____ Zip _____ Total Due \$ _____

PAYMENT SELECTION

Early bird registration Fee: \$25 _____ After May 23 \$35 _____

METHOD OF PAYMENT

Visa _____

MasterCard _____

Discover _____

American Express _____

Credit Card Expiration Date _____ Security code _____
MM/YYYY

Name on the Credit Card _____

I authorize King Center for the Performing Arts, Inc. to charge my credit card for the amount indicated above.

Signature _____

Date _____

To ensure your payment is accurately recorded please return payment authorization with SMTP registration

FEES ARE NON REFUNDABLE

Thank you!

SMTP Payment authorization 3/31/2014



HEALTH AND WAIVER RELEASE

Name (last) First Age Date of birth

Address City State Zip Code

Phone number (include area code) H-_____ C_____

Email _____

Emergency contact name _____

Phone number (include area code) H_____ C_____

Email _____

So that we may best serve your individual needs and for our confidential files please respond to the following:

Are you in good health Y_____ N_____ Last physical exam date _____?

Are you currently receiving care from a physician for an ongoing condition Y_____ No _____

Describe condition _____

Physicians Name _____ Phone _____

Are you currently on medication? Y_____ N_____ If yes, list name _____

Do you have or had any of the following:

Allergies/Asthma Y_____ N_____ Back or Knee pain Y_____ N_____

Diabetes Y_____ N_____ Heart problems Y_____ N_____

High blood pressure Y_____ N_____ Do you smoke Y_____ N_____

If you have answered yes to the above questions please explain _____

If you have answered yes to any of the above medical questions, please consult and get approval from your physician prior to participation in the program.

By my signature I understand there are certain risks involved in any program involving physical exercise. I am solely responsible for all physical injuries that may occur during the program and any costs incurred for medical treatment as a result. I will not hold the King Center, Historic Cocoa Village Playhouse and personnel associated with the program liable for any injuries.

Print Name (parent)

Date

Parent Signature