



Dear Applicant,

Early registration runs May 1st through June 12th.

Questions: Call (321) 433-5718

Thank you for applying to audition for an extraordinary theatrical experience to perform in the production of **SWING! The Broadway Musical** presented through special arrangements with R & H Theatricals, N.Y., N.Y. The project is open to all incoming high school freshman, as of school year fall 2015 to young adults through age 22. (It is **NOT** necessary to be enrolled in college.)

Program dates: Monday, June 22nd through Sunday, July 19th, 2015

- **Audition – Monday, June 22nd** at the King Center beginning at 12:30 p.m.

*Anyone arriving after **12:30 p.m. or without prior registration** is not guaranteed an audition.

Registrants with accompanying fee received prior to June 22nd are guaranteed an audition. Those auditioning will be taught 16 measures of music from the production with dance movement to follow. Applications will be reviewed by the Artistic Director and the Production Team. Applicants will be notified on June 22nd of their acceptance into the program. If selected into the project it is your responsibility to provide transportation and be available at all rehearsals and performances. Any personal scheduling issues must be discussed with the Artistic Director.

SELECTION: Final determination is made by the Artistic Director.

PARTICIPATION: The program includes 4 weeks of training daily Monday-Friday 12:30-4:30 p.m. and culminating with three (3) performances of Swing! on the King Center stage.

APPLICATION: All registration must be accompanied by the \$25 registration fee postmarked before **Friday, June 12th, or, \$35** after June 12th. The **NON-REFUNDABLE** fee will be applied to the tuition. **Registration is processed on a first-come basis.**

TUITION: Affordably priced at \$325.00 includes:

- 1 program T-shirt,
- 1 ticket to the American Idol performance at the King Center on July 9th
- 2 tickets to the Season Announcement Party for the Historic Cocoa Village Playhouse on July 11th at the King Center,

You may choose **one out of the three ways to pay:** Financial obligations must be settled by July 6th.

1) \$325.00 via check, cash, or Visa, Master Card, American Express, or discover.

2) \$125.00 along with selling twelve (12) \$17 tickets to any performance date

3) Registration fee only, along with the sale of twenty (20) \$17 tickets to any performance

***NOTE:** Participants whose tuition and ticket requirements are unfulfilled by July 6th will be dropped from the program per our agreement. **ALL FEES AND TUITION IS NON-REFUNDABLE**

Methods of Payment: 1) Checks made payable to the King Center of the Performing Arts
2) Visa, Master Card, American Express, and Discover cards
3) Cash

Mail to: King Center, Attn: SMTP, 3865 N. Wickham Road, Melbourne, FL 32953



REGISTRATION

Audition date: Monday June 22nd, 2015 AT 12:30 p.m.

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 NOT BE ACCEPTED

Registration FEE: This fee is **non-refundable** and is processed on a first come basis

\$25 early registration with accompanying application must be postmarked and received by **Friday, June, 12th**.

\$35 Registration fee with accompanying application after Friday, June 12th

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 performing, costuming, orchestra musician, or other area of interest:

Please list previous performing 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 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 The King Center, Eastern Florida State College and Historic Cocoa Village Playhouse presented programs.

Participant Name (please print) Participant signature Email address Date

Parent Name (please print) Parent signature Email address Date

(If participant is under the age of 18)

Return completed registration to King Center Attn: SMTP2015
3865 N Wickham Road Melbourne, FL 32935

Questions? Please phone: 321-433-5718



FOR OFFICE USE ONLY	
Account # _____	
<input type="radio"/> Actors' Equity Association	
<input type="radio"/> 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 performing, costuming, orchestra musician or other area of interest: _____

Important Information:

In order to be considered for **SMTP**, you must be available from June 22nd through July 19th 2015, 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 complimentary ticket to American Idol at the King Center on July 9th. and 1 complimentary ticket in grand tier seating to the Historic Cocoa Village Playhouse 24th Season Announcement Party on Saturday, July 11, 2015 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 NOT BE ACCEPTED

SPACE IS LIMITED! Completed application accompanied with \$25 registration fee must be postmarked and received prior to **June 12th** Registration fee after June 12th is \$35. ALL FEES 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!



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 _____