

CONTACTS

SATURDAY, MAY 21, 2016

LOCATION TO BE ANNOUNCED

APPLICATION FOR SCHOOL PARTICIPATION

Applications must be submitted no later than **Friday, December 18, 2015** to Camp Broadway LLC, 1115 Broadway, Suite 1054, New York, NY 10010 or via email to operations@campbroadway.com.

NAME OF SCHOOL:	
SCHOOL ADDRESS:	
SCHOOL CITY/COUNTY: SCH	IOOL STATE: SCHOOL ZIP:
SCHOOL CONTACT NAME:	TITLE:
CONTACT PHONE NUMBER: ()CONTACT EMAIL:	
PROGRAM CONTACT NAME: (Representative from theater program to serve as of	
CONTACT PHONE NUMBER: ()CONTACT EMAIL:	
PRODUCTION INFORMATION	
SHOW TITLE FOR 2015-2016 ACADEMIC SEASON:	
NUMBER OF CASTS: PRODUCT	FION BUDGET:
PERFORMANCE DATE(S):	a basis for participation in program)
LOCATION OF PERFORMANCE:	
WHERE ARE YOU LISENCING YOUR SHOW?	
☐ Music Theatre International (MTI)☐ Rodgers & Hammerstein☐ Samuel French	☐ Tams Whitmark☐ Theatrical Rights Worldwide (TRW)☐ Other (please indicate):
PRODUCTION TEAM	
PLEASE INDICATE WHETHER THE FOLLOWING ROLES ARE MEMBERS OF THE SCHOOL FACULTY, INDEPENDENT CONTRACTORS, OR STUDENTS (PROVIDE NAMES IF KNOWN):	
DIRECTOR:	MUSIC DIRECTOR:
CHOREOGRAPHER:	_ SCENIC DESIGNER:
COSTUME DESIGNER:	_
DO THE SUDENTS PARTICIPATE IN THE COSTUME AND/OR SCENIC PRODUCTION DESIGN? NOYES	
Please explain	