Thank you for participating in the [Georgia High School Musical Theatre Awards – Shuler Hensley Awards](http://www.shulerawards.org) (SHA). Please complete each section of this application (even if your answer is n/a). Save a copy for your records and **email a copy to** **Education@cobbenergycentre.com** **2 weeks BEFORE opening night**. Rules/Regulations located at <http://artsbridgega.org/programs/shuler-awards/>

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| **Form Completed By** |  | **Title** |  |
| **Email** |  | **Cell Phone** |  |

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| **DIRECTOR CONTACT INFORMATION** |
| **Name** |  |
| **Title** |  |
| **School** |  |
| **Work Phone** |  |
| **Cell Phone** |  |
| **Work Email** |  |
| **Personal Email** |  |

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| **SCHOOL INFORMATION** |
| **School Name** |  |
| **School Address** |  |
| **School City/Zip** |  |
| **School District & County** |  |
| **School Website**  |  |
| **Theatre Dept. Website or Page** |  |
| **Main Phone** |  |
| **Social Media** **List your school or theatre department social channel names so we can promote your school! Find us at:****Facebook:** www.facebook.com/artsbridgega  www.facebook.com/ghsmta **Twitter, Instagram,****& Snapchat:** artsbridgega | Facebook:Twitter:Instagram: |
| **School Type****Public, Title 1, Private, Charter, Magnet** |  |
| **School Ethnicity Population Demographics (must = 100%):** | Asian:Black:White:Hispanic:Other: |

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| **SHULER ENSEMBLE / S.T.A.R. COUNCIL** |

**SHULER ENSEMBLE**: Each participating school is encouraged to select 2 singer/dancer students to participate in the Shuler Student Ensemble. The Shuler Ensemble performs in the Awards’ opening and/or finale. Shuler Ensemble students MAY NOT be eligible for Leading Actor or Actress nomination.

**SHULER S.T.A.R. COUNCIL**: Additionally, each participating school is encouraged to select 1 technical theatre student to participate in the S.T.A.R. Council (Students Take A Role) where they will serve as production assistants during the week of the Shuler Awards.

For more information, visit <http://artsbridgega.org/programs/shuler-awards/participating-schools/>

and click on Student Opportunities to view Shuler Ensemble and S.T.A.R. Council.

Will you be sending 2 students to participate in the Shuler Ensemble? (Yes/No)

Will you be sending 1 student to participate in the S.T.A.R. Council? (Yes/No)

If not, why?

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| **PERFORMANCE LOCATION****If the Shuler musical performance location is not at your school, please indicate performance location below, otherwise indicate “on school campus.”** |
| **Performance Location/Venue** |  |
| **Address** |  |
| **City/Zip** |  |
| **Venue Phone** |  |
| **Venue Website** |  |
| **Location of performance venue within campus.** **When the judges arrive on-site, where is the performance venue? Please be specific!** |  |
| **Parking location for Judges**  |  |
| **On-site contact for the Shuler judges****(for position, please list parent, teacher, etc.)** | **Name**  |  |
| **Position** |  |
| **Cell** |  |
| **Email** |  |

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| **PRODUCTION INFORMATION** |
| **Musical Name** |  |
| **Licensing House** |  |
| **Are you using the school edition?** |  |
| **Estimated running time** |  |
| **Dates and times for complete musical run** |  |
| **What time does the house open?** |  |
| **How many years has your school produced a musical?** |  |
| **How many weeks did you rehearse for this production?** |  |
| **Why did you choose this musical? (e.g. casting, faculty, content, etc.):** |  |
| **Explain any challenges involved when mounting a musical at your school (e.g. space/facility, equipment/resources, student involvement, administration support, etc.):****NOTE: This will help our adjudicators evaluate your production with greater insight. Please list ANY and all challenges you encountered producing this musical.**  |  |
| **What else should we know about your production, program, vision, students, community, etc.?** |  |

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| **CAST & CREW INFORMATION** |
| **Total number of people involved in the production including cast, crew, creative team, musicians, guest artists, volunteers, etc.** |  |
| **Casting: Selective or Inclusive of all who audition** |  |
| **If Casting is inclusive answer “yes/no” to the following:** |
| **Students 9-12** |  |
| **Students K-8** |  |
| **Faculty** |  |
| **Community** |  |
| **Homeschool students**  |  |
| **Other (please specify)** |  |

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| **CREATIVE TEAM****Identify entire creative team, including guest artists and compensation so judges will understand who is eligible for nominations and how you utilized your available resources. List more than one individual when applicable. *(See example at end of this document)*** |
| **Creative Team Member** | **Name** | **Role/Position/Instrument** | **Compensation** |
| **Director** |  |  |  |
| **Music Director** |  |  |  |
| **Orchestra Director/Conductor** |  |  |  |
| **Musician/s** |  |  |  |
| **Choreographer/s** |  |  |  |
| **Technical Director/s** |  |  |  |
| **Stage Manager** |  |  |  |
| **Scenic Designer/s** |  |  |  |
| **Costume Designer/ Coordinator/s** |  |  |  |
| **Lighting Designer/s** |  |  |  |
| **Lighting Engineer /Electrician/s** |  |  |  |
| **Sound Designer/s** |  |  |  |
| **Sound/Audio Engineer/s** |  |  |  |
| **Other paid Guest Artist/s (e.g. actors, dance captain, accompanist, vocal coach, make-up artist, props master, etc.)** |  |  |  |
| **Total guest artist Compensation** |  |

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| **MUSICAL ACCOMPANIMENT** |
| **Select the number that best describes your musical accompaniment** **1. Recorded tracks****2.** [**orchEXTRA**](http://www.mtishows.com/resources.asp?id=6_1_0_5&theatricalresourceid=31) **(or similar music enhancement systems)****3. Single pianist****4. Small band combo (1-6 live musicians)****5. Orchestra (7 or more live musicians)****6. Other (please specify)** |  |
| **Total number of live musicians accompanying your musical** |  |
| **# of musicians that are high school students** |  |
| **# of musicians that are faculty** |  |
| **# of K-8 musicians** |  |
| **# of musicians that are unpaid parents/volunteers** |  |
| **# of musicians that are paid guest artists** |  |

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| **ACTING CATEGORIES**1. **Leading Actress/Actor must be included on the National Awards** [**Qualifying Roles**](http://nhsmta.com/pages/qualifying-lead-roles) **list.**
2. **If the actor is a guest artist, please provide compensation information.**

***\*\*Note: These roles subject to change at Adjudication Panel’s discretion.\*\**** |
| **Leading** **Actress** | **Role** |  |
| **Name** |  |
| **Grade** |  |
| **Leading Actor** | **Role** |  |
| **Name** |  |
| **Grade** |  |
| **Supporting Actress** | **Role** |  |
| **Name** |  |
| **Grade** |  |
| **Supporting Actor** | **Role** |  |
| **Name** |  |
| **Grade** |  |
| **Featured****Performer** | **Role** |  |
| **Name** |  |
| **Grade** |  |
| **# of high school students in the ensemble** |  |
| **# of K-8 students in the ensemble** |  |

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| **BUDGET INFORMATION****Participanting musicals are evaluated and scored against itself, based on its unique circumstance(s) and environment.**  |
| **Indicate allocation of funding sources below (type “X” where appropriate)** |
|  | **0-25%** | **26-50%** | **51-75%** | **76-100%** |
| **School Budget** |   |  |  |  |
| **Ticket Sales** |  |  |  |  |
| **Fundraising** |   |  |  |  |
| **Program Advertisements** |  |  |  |  |
| **Other (please specify)** |  |  |  |  |

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| **PRODUCTION COSTS****Provide the production costs for the following categories. Include total cost (e.g. shipping, tax, supplies, etc.). List $0 where appropriate:** |
| **License Fees (Rental & Royalty Fees ONLY)** |  |
| **Marketing (Graphic Design, Advertising, Printing, etc.)** |  |
| **Photography/Videography** |  |
| **Sets (Supplies, construction, rental, etc.)** |  |
| **Costumes (supplies, construction, rental, etc.)** |  |
| **Hair/Make-up/Wigs (supplies, rental, etc.)** |  |
| **Lighting (Supplies, installation, rental, etc.)** |  |
| **Sound (supplies, installation, rental, tracks, etc.)** |  |
| **Guest Artists (same total listed in Creative Team on page 4)** |  |
| **Other (please specify)** |  |
| **Total Shuler Participating Musical Cost** |  |

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| **ADDITIONAL COMMENTS****Provide provide any additional information that is not covered in the questions above and you feel is pertinent to the evaluation of your production.** |
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**CONFIRMATION**

Confirm the following by typing your name and information below

* 1. I am the individual who completed this form.
	2. To the best of my knowledge, the information submitted on this application is correct. I will immediately inform a Shuler representative should ANY requested information change.
	3. I am authorized to provide this information on behalf of my Shuler Awards participating school.
	4. I will follow the GHSMTA – Shuler Hensley Awards [rules and regulations](http://shulerawards.org/rules.aspx).
	5. I understand that failure to provide accurate information, update my production information, and/or comply with the Shuler Hensley Awards rules and regulations may result in immediate disqualification.

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| **Print Name** | **Signature**  | **Date** |

**Creative Team Example**

The following chart is an example of how to fill out the Creative Team portion of the Application located on page 4. This is not actual information for the participating Shuler production.

