

DATES TO REMEMBER:

- Jan. 4: Auditions at Middle School auditorium (Gr. 5 & 6, 9am-11:30am) (Gr. 3 & 4, 1-2:15pm)
Jan. 11: Snow Date for auditions
Jan. 11-Apr. 4: Rehearsals: 9am – 12:30pm (Saturdays)
Apr. 11 & 18: Rehearsals: 9am – 2pm (Saturdays)
Apr. 20, 21, 22: Tech/Dress rehearsals: Mon., Tues, Wed. 5:30 – 8:30pm – **MANDATORY!**
Apr. 24: Opening Night (6pm call; 7:30pm performance) - **MANDATORY**
Apr. 25: Matinee (11:30am call; 1:00pm performance) – **MANDATORY**
Apr. 26: Cast party from 12:30 – 1:30pm in Middle School Cafeteria

RULES AND REGULATIONS:

You will be treated as a professional and it is expected that you will act as one at ALL times. The following is a list to help you:

1. Be on time. Let a director know of any conflicts that you might have.
2. Please wear shoes with backs; sneakers are preferred. This is for safety and dancing reasons.
3. Eat breakfast before rehearsal! **Only water bottles will be permitted. No food, gum, or drinks other than water are allowed in the rehearsal area.**
4. You are responsible for cleaning up after yourself. You are responsible for taking care of the items you bring to rehearsal, your costumes, props, etc. Any items you leave may not be returned!
5. ***No student will ever be in any part of the building without supervision.*** **THIS IS A STATE LAW! YOU MUST OBEY IT!**
6. If you are unable to cooperate with staff members and/or fellow cast members, at first your parent will be contacted. If uncooperative behavior continues, you will be asked to leave the cast.
7. There will be a “down time” when YOU are not rehearsing a scene on stage. Bring something with you to do such as a book to read, coloring or puzzle books, handicrafts, games/electronics **WITHOUT SOUND, etc.**
8. Phone calls, texting and unauthorized photography are not permitted during rehearsal.
9. You will need a folder or binder for your script. Bring a pencil to all rehearsals.
10. **PARENTS:** Children must be escorted into and out of the **Auditorium** unless indicated on Permission To Leave Form (enclosed).

SHOW AGREEMENT:

I have read & understand my responsibilities to the cast & crew of “The Adventures of Pinocchio”. I understand that if I cannot adhere to the Rules and Regulations, I will be asked to leave the cast & will lose my tuition fee. I agree to abide by all theater rules & will dedicate myself to make this show an exciting learning experience!

+++ **ACTOR’S SIGNATURE** _____ ***** PARENT SIGNATURE** _____

CONSENT AND RELEASE:

As parent or legal guardian of the child named below, I give my consent for my child to be photographed, interviewed, and/or to have his/her image and voice electronically recorded (“the material”) to be used in connection with publicity for the Collingswood Youth Theatre. In consideration for my consent, the Collingswood Youth Theatre will only allow the material to be used in connection with news articles and in promotions for publicity purposes.

I hereby release the Collingswood Youth Theatre and the Borough of Collingswood, its sponsor, from any legal claims that I might have arising out of the gathering or distribution of the material described above.

I am over 18 years of age, have read the foregoing consent form and release and confirm that I fully understand its contents.

*****PARENT SIGNATURE** _____

PARENT AGREEMENT:

I understand the commitment required for my child to participate in “The Adventures of Pinocchio”, including attendance at **ALL MANATORY dress/tech rehearsals & performances** as defined by the rehearsal schedule. I agree to support my child’s involvement in this activity by ensuring that they are in attendance.

*****PARENT SIGNATURE** _____

CASTING AGREEMENT:

I agree to play any role assigned to me without complaint. In doing so, I also agree to wear the costumes, wig or hairstyle of the directors’ choosing.

+++**ACTOR’S SIGNATURE** _____

AUDITION APPLICATION

Auditions are on Jan. 4th in the Colls. Middle School auditorium - 9am – 11:30am (Grades 5&6)
-1pm – 2:15pm (Grades 3&4)

Cast Member's Name _____

****You MUST be available for MOST rehearsals and FOR ALL DRESS/TECH. REHEARSALS AND ALL PERFORMANCES!****

- IF YOU WANT A LEADING ROLE**, you should sing a song from a musical that highlights your vocal range, and has accompaniment without words.
 - Everyone in the show will be singing in the chorus, *although singing at auditions is not required for chorus parts.*
- _____ **I am interested in a leading role & will audition with a song.**
_____ I am interested in a minor role/chorus.

[Audition Selections will be sent in an e-mail. All cast members are requested to choose a character to portray during auditions.]

******Please circle below any dates that you now know when you will be unavailable for rehearsal. It is very important that you tell us when you will NOT be at rehearsals!**

Rehearsals: Jan. 11, 18, 25, Feb. 1, 8, 15, 22, 29, Mar. 7, 14, 21, 28, Apr. 4, 11, 18
Tech/Dress Rehearsals: Apr. 20, 21, 22 – [MANDATORY!]
Performances: Apr. 24 at 7:30pm – [MANDATORY!] Apr. 25 at 1:00pm & 7:30pm – [MANDATORY!]

PARENT VOLUNTEERS

Dear Parents/Guardians:

TO KEEP THIS PROGRAM LOW COST, WE DEPEND ON PARENTS TO VOLUNTEER THROUGHOUT REHEARSALS AND SHOW WEEK.

The Collingswood Youth Theatre needs help from each family in order to put on a show of our magnitude. We are expecting an adult from each family to volunteer. No experience necessary!

Consider being a committee chair or co-chair! We have written guides to assist all committee chairs with procedures and resources. If you are unable to volunteer for any of the positions below, we will be sending a Sign Up Genius request for your help with other duties.

FILL OUT

Name of Adult Volunteer _____ Actor's Name _____
Costumes: Committee Co-Chair _____ Committee Member _____
Props: Committee Chairperson/Co-Chair _____
Concessions: Committee Chairperson/Co-Chair _____
Make-Up: Committee Chairperson/Co-Chair _____
Tickets: Committee Chairperson/Co-Chair _____
Cast Party: Committee Chairperson/Co-Chair _____
Restaurant Night Chairperson/ Co-Chair _____
Hoagie Chairperson/ Co-Chair _____
Flower Sale Chairperson/ Co-Chair _____
Balloon Sale Chairperson/Co-Chair _____
50/50 Chairperson/ Co-Chair _____
Supervision: Rehearsals: 1/11 – 4/4(9am – 12:30pm) [list any] _____

OR:

I am unable to do the above activities but will sign up to help when SignUp Genius becomes available.
If choosing this option, please sign here: _____

COSTUME INFORMATION

Fill out and return the information in this link:

https://docs.google.com/forms/d/e/1FAIpQLSd3yTDaSD0GZbUf4pVY_2OUd7AC27R26x1nhW7oAP8pQ3IEYw/viewform

Collingswood Youth Theatre 2020

PERMISSION

Child's Name: _____ Grade: _____

Address: _____

School: _____

Phone Number(s) Where You Can Be Reached: _____

Parent/Guardian's Name(s): _____

****E-MAIL ADDRESS****: [CYT communicates via email]: _____

If I cannot be reached, please call:

Name: _____ **Phone:** _____

I/We, the parent(s)/guardian(s) of the above named child, hereby give my/our permission for the said child to participate in any and all activities of the Collingswood Youth Theatre Workshop sponsored by the Borough of Collingswood.

I/We, assume all risks and hazards incidental to such participation. I/We do hereby waive, release, absolve, indemnify, and agree to hold the Collingswood Board of Education, the Borough of Collingswood, the organizers, supervisors, directors, volunteers, and participants, and anyone else connected with the Collingswood Youth Theatre Workshop from any claims for accidents or illness arising from participation in the Collingswood Youth Theatre Workshop.

I/We understand that every attempt will be made to contact me/us in case of an emergency. If I/we can not be reached, the Collingswood Youth Theatre personnel will attempt to call the above numbers in the order given. I/We give my child permission to be transported by emergency medical personnel to the hospital.

If there is any medical information (such as allergies, medical conditions, etc.) you feel we should know about in case of an emergency, please list below:

Please note that there will not be a school nurse on duty, and that Youth Theatre personnel and parent volunteers are not permitted to administer medication.

****Parent Signature**

PERMISSION TO LEAVE

Children must be **accompanied in to and out of the auditorium/cafeteria** by a parent or guardian unless indicated otherwise below. This includes leaving rehearsal for any reason. Please fill out the form below indicating your preference. **Check ONE** option.

_____ My child has permission to come to and leave the rehearsal area alone, **INCLUDING** to be picked up in the car outside the rehearsal area.

OR

_____ **I** will escort my child to and from the rehearsal area.
My child also has permission to leave with:

Name _____ Relationship _____

****Parent Signature**

CAST TEE-SHIRT

Your child will receive a cast tee-shirt as part of your tuition payment. Please indicate the size shirt for your child.

Youth Small _____ Youth Medium _____ Youth Large _____

Adult Small _____ Adult Medium _____ Adult Large _____

****Additional tee-shirts will be available to order after rehearsals begin.****