



1080 East Montague Avenue
North Charleston, SC 29405
843 - 745 - 0317

Fill out and return ONLY Pages: 1, 2, 5 for audition.
Pages 8, 9 & 10 will be required upon selection for
program. Retain the rest for your files

“Summer in the City” 2010 Audition Application

Auditions will be 5 MINUTES PER PERSON. Choose your best 5 minutes.

You may only perform one audition: however, if you have legitimate multiple disciplines you may be considered in more than one category. Please state below what those categories are for the judges’ consideration. You **MUST** demonstrate your proficiency for each skill during your audition.

For instance:

If you are a singer/dancer, you could prepare a song with a dance beat OR present individual pieces in each discipline, not to exceed a total of 5 minutes.

If you are an actor/singer, you may offer a song and a monologue both of which may not exceed 5 minutes.

If you are a singer/instrumentalist, you may accompany yourself on your instrument OR present individual pieces in each discipline, not to exceed 5 minutes.

Applicant Information:

Name: _____

Street Address: _____ City: _____ Zipcode: _____

E-Mail: _____ Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ Age: _____ Current state of health: _____

Has applicant had any serious health condition or injuries: No Yes (if yes, please explain on separate piece of paper)

Guardian/or Parent 1:

Guardian/or Parent 2:

Name _____

Address _____

Occupation _____

Work Phone _____

Cell Phone _____

Home Phone _____

Email _____

Name and address of person to be contacted if parent or legal guardian cannot be reached:

Relationship: _____ Telephone: _____

Select your category(s):

- Voice, Instrument, Theatre, Dance, Musical Theatre

Within your selected category(s) please state what genre (classical, pop, ballet, hip-hop, clarinet, piano, etc.), you will be performing and the name and/or source of your audition material.

(i.e. if you are performing a monologue, is it from a play, movie or other source? If operatic aria, name of piece and opera, etc.).

When and with whom did you or do you currently study?

Please list roles and/or shows performed: (You may attach resume if you have one)

Give a list of recognition, honors or other information you want us to know.

What do you think you want to do when you graduate high school? (Go to college? Go to work? Go to New York, Los Angeles or Europe?)

Where do you see yourself when you are 21?

Do you need a scholarship? Yes No: If "yes" please tell us why:

Besides your "talent" what other hobbies do you have?

“SUMMER IN THE CITY”

Charleston’s best emerging young artists meet New York City’s best in the business

The auditions will identify the best talent in Charleston, Berkeley and Dorchester Counties to attend a month long artistic residency in New York City: June 6 – July 3, 2010. The objective is to provide local talent the same opportunities in their artistic fields as afforded contemporaries who reside in major metropolitan areas.

The program is designed to be a life-altering month long residency in the artistic capital of the United States: New York City. Participants will study with and be exposed to some of the greatest professional performing artists in the world.

PLEASE REVIEW CAREFULLY:

“Summer in the City” is an extremely challenging program; artistically, physically and emotionally. Please don’t audition unless you are prepared to work hard and to meet those challenges.

Competition Information & Guidelines:

- ❑ Applications are available on the South of Broadway website: www.southofbroadway.com , OR call SOBTC Studios: 843-745-0317
- ❑ Mail your application and the \$25.00 application fee (non-refundable) to SOBTC Studios: 1080 East Montague Ave., N. Chas., 29405 make check payable to “*South of Broadway Theatre Company*”
- ❑ Everyone will be judged on the appropriateness of their audition attire as well as on technique and presentation.
- ❑ The 2010 Competition is open for grades six (6) through twelve (12) in Charleston, Berkeley and Dorchester Counties
- ❑ Up to 20 youths will be selected.
- ❑ Names of students accepted into the 2010 Summer in the City Program will be posted on our website within two weeks of their audition
- ❑ Cost of month long artistic residency is \$5,650.00
Includes: -All Private lessons
-Master Classes with respected artists and academicians
- Seminars and Workshops
- Round trip airfare to from your city to NYC (not to exceed \$450.00)
- Private Shuttles to and from New York airport (if travelling with SITC group)
- Lodging for one month at The Juilliard School dormitories
- Broadway show tickets to four shows
-2 Meals per/day at Juilliard cafeteria. (The cafeteria is conveniently located downstairs from the dorm rooms. It is upscale with fresh, healthful food, coffee and ice cream bars, and attractive, comfortable surroundings.)
-Month long subway passes

- ❑ **Your first payment check is considered your contract with SOBTC to send your Child to “Summer in the City 2010”**
- ❑ There will be no adjustment in tuition for late arrival or early departure from the program for any reason.
- ❑ If you drop from the program after initial deposit, participant will still owe all **non-refundable** costs expended by SOBTC (airfare, lodging, shows and group classes, etc.).
- ❑ If, for any reason you drop after May 2nd there will be no refunds.
- ❑ **On March 27, at 1:00 PM there will be a mandatory meeting at SOBTC Studios for everyone accepted into the program.** There will be an in-depth discussion about the program with “Summer in the City” staff and chaperones.

Scholarships:

- ❑ Scholarship money is available and will be awarded according to need and artistic merit. Qualification for the scholarship will also include a demanding interview component. **In 2009 the largest scholarship awarded was \$5,150.00.**
- ❑ Competitors receiving \$1,000.00 or more scholarship money may be required to participate in up to two SITC performances and or SITC PR related events after the NY residency and during the remainder of the year leading to 2011 auditions.
- ❑ Once scholarship money is accepted there will be a fee (%10 of total amount awarded) for canceling for any reason (this is to cover non-refundable costs related to the “Summer in the City” program.)
- ❑ If a scholarship winner is disqualified for infraction of rules, all expenses that have been incurred on their behalf, must be refunded to South of Broadway Theatre Company. Parents are required to pay for ‘early return’ airfare and any expenses incurred by round trip ground transportation to airport for child and, if required, chaperone.

Payment information and schedule:

- First payment of \$1,882.67 is due by 3/29/09.
- All tuition MUST be paid in full by May 10 and according to the schedule below
\$1,882.67: April 12
\$1,882.67: May 10

2010 Rules and Regulations

SOBTC FACILITATORS RESERVE THE RIGHT TO DISMISS ANY PERFORMER WHOSE BEHAVIOR, IN THEIR OPINION BREAKS RULES AND REGULATIONS AS SET FORTH HEREIN.

- No Alcohol
- No Tobacco Products
- No illegal use of drugs
- No vandalism
- No sexual activity of any kind
- Sign-in and out for activities
- Stay with your designated group at all times
- Observe the curfew
- Obey the chaperones
- Chaperone's and staff are not your servants; they are there to ensure your safety and safeguard your sponsors' and parents' investment in your future.
- Maintain a positive attitude: morose or disruptive behavior is detrimental to group morale
- Use good manners and be very polite ("please & thank you")
- Infraction of the above rules will result in students being sent home immediately at the expense of their parents. Therefore: your trip has ended and there will be NO REFUNDS OF ANY KIND.

Dress Code during NY residency:

- During the week the students must be dressed in casual attire (khaki's etc or NICE jeans) when attending the classes and functions.
- NO raggy jeans and t-shirts except on the weekend and on your own time
- NO flip-flops. Period. You may wear them inside the dorm but not outside. They are dangerous moving around the city, in subways and in crowds.

Releases:

I have read and understand the rules and regulations and agree that if my child qualifies, we will abide by these rules and regulations.

I hereby release South of Broadway Theatre Company from any and all claims for damages, losses, or injuries that I, or my child may sustain while participating in any activities connected with "Summer in the City" program.

Applicant signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For office use only: Application fee: check: cash: paypal: Date: _____

Page 6 is a DUPLICATE FOR YOUR FILES

Page 6 of 10 "Summer in the City" 2010 application and guidelines

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Parent/Guardian Signature: _____ Date: _____

For office use only: Application fee: check: cash: paypal: Date: _____

“Summer in the City” 2010 Trip Check List & Information:

- _____ Dress pants and shirts
- _____ Walking shoes & socks
- _____ Undergarments
- _____ Bathing suits
- _____ DVDs, CDs, I-PODS, CD and DVD Players, etc....with HEADPHONES!!
- _____ Fannie-Pack and backpack to carry your things in
- _____ Cell phone (mandatory)
- _____ Towels
- _____ Laundry products (Laundry room is on 11th floor)
- _____ Pillow, sheets and blankets for the bed*
- _____ Tooth brush, tooth paste, toiletries
- _____ Soap
- _____ EYEGLASSES – if you wear contact lenses
- _____ Your instrument, unless you are a pianist
- _____ Sheet music
- _____ Recording device and tapes/disks to record your lessons
- _____ Resume and Head Shot (Pro IF you have it – OR a picture you can make into a head shot)
- _____ Dance clothes if you intend to take classes
- _____ Raincoat
- _____ Umbrella
- _____ Plastic ID card holder (lanyard)
- _____ Ethernet Cords
- _____ Clothes Hangers
- _____ Medicines
- _____ **Spending money/ATM cards****

*One week before we travel to NY you may ship ONE box to the school:

The Juilliard School
Dept. of Residence Life
60 Lincoln Center Plaza, 11th, Floor
New York, New York 10023

**Our suggestions for the student’s spending money is to open a Bank of America/Fleet account or Wachovia Account with debit card. Chaperones cannot be responsible for holding participants’ debit cards or cash.

"Summer in the City 2010" Permission Release Form

My son/daughter _____, has my permission to go to New York City and stay at Juilliard's Residence Hall, for the duration of "Summer in the City": June 6th through July 3th, 2010.

Your child will be chaperoned at all times with the *possible* exceptions listed below: Please check off the ones you are OK with.

◆ During the trip my child is allowed (without a chaperone) to:

- Walk (no subway riding) with one other program participant within a 10 block radius of Lincoln Center, where Juilliard Residence Hall is located.
- Walk (no subway riding) with TWO other program participants within a 10 block radius of Lincoln Center.
- My child is only allowed to move freely and unchaperoned within the officially guarded boundaries of Juilliard's Residence Hall: i.e. Mezzanine: Cafeteria, 11th floor: student lounge, 19th floor: computer lab.
- My child is allowed to go alone to visit and spend time with the following friends/relatives: _____

We strongly recommend all 16+ year olds be allowed to walk within the 10 block radius with at least one other participant.

Parent Signature: _____ Date: _____

◆ I agree to pay for the extra expenses that will occur if my son/daughter has to be sent home early for any infraction of the rules and regulations. I also understand that NO REFUND or adjustments will be given for the trip if my son/daughter is sent home early.

Parent Signature: _____ Date: _____

◆ I understand that I will be financially responsible for any damage done by my child to the Juilliard dorm room. I also understand that any lost keys will result in significant fees payable to Juilliard.

Parent Signature: _____ Date: _____

◆ Parent or Legal Guardian of the aforesaid student, having read and understood this entire application, agrees and on said student's behalf, not to hold SOBTC or its facilitators, directors, staff, instructors or employees, liable for injuries or illness contracted by said student while in attendance at "Summer in the City."

Parent Signature: _____ Date: _____

◆ In the event of a scholarship recipient's dismissal, the amount of the scholarship plus all non-refundable fees and monies must be paid to SOBTC.

Parent Signature: _____ Date: _____

"Summer in the City 2010" Medical Release Form

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child.

_____ (Child's Name) I also assume the responsibility for the payment of any such treatment.

Please attach a photo-copy of your Health Insurance card (front and back) and fill in the information below;

Name of the Adult Insured: _____

Student's Names as Insured: _____

Insurance Company: _____

Policy Number: _____

Ins. Company's Phone Number: _____

Type of Coverage: _____

Child's Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Medication and Doses: _____

In case I cannot be reached, the following person is my child's emergency contact person:

NAME: _____

Home Phone Number: _____ Cell Phone: _____

Signature (Parent/Guardian) _____ Date: _____

◆If my son/daughter becomes ill, I am willing for him/her to be treated by a doctor in New York and will be financially responsible for any related costs. I understand that the outstanding cost will be taken from my son/daughter's ATM card.

Parents and Legal Guardians are responsible for any and all special medical considerations (i.e. special medications, allergy treatments, etc.) and written medical instructions must accompany all special medications. If a performer is not in good health at the time of his/her arrival, he/she, at the discretion of SOBTC Program Facilitator (Mary Gould) may be returned home at my expense.

Parent Signature: _____ Date: _____

THIS FORM MUST BE RETURNED WITH FRONT/BACK COPIES OF YOUR INSURANCE CARD BY 5/24/2010.

2010 SITC Rules and Regulations continued....

- **No sexual activity of any kind**

I understand that I will be sent home at my parents' expense for infraction of this rule.

Applicant signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
