



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” 2011 Audition Application

**Auditions are Sept.11 & 18<sup>th</sup> from 3:30 - 4:30pm. Also Sept. 17<sup>th</sup> at 5 - 6pm. Call Mary Gould 843-814-4451 to make an appointment. Auditions will be 5 MINUTES PER PERSON. Choose your best 5 minutes.**

**YouTube Audition submissions are also acceptable, email your link to mgould1208@msn.com.**

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: \_\_\_\_\_

Participant’s E-Mail: \_\_\_\_\_ Participant’s Cell Phone: \_\_\_\_\_ \* info needed for SITC contact sheet while in NY.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current state of health: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

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:

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Relationship: \_\_\_\_\_ Phone Number : \_\_\_\_\_

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.).

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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?)

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Where do you see yourself when you are 21?

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

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

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## “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 5– July 2, 2011. 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](http://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*”
- **FOR “You Tube” AUDITION SUBMISSIONS** between September 11, 2010 – November 11, 2011. Here are some suggestions for uploading your video to YouTube link: <http://www.google.com/support/youtube>

- ❑ Everyone will be judged on the appropriateness of their audition attire as well as on technique and presentation.
- ❑ The 2011 Competition is open for ages 14-19yrs.
- ❑ Up to 20 youths will be selected.
- ❑ 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 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
- ❑ A deposit of \$500.00 will be required by October 2, 2011
- ❑ **Your deposit check of \$500.00 is your contract with SOBTC to send your Child to “Summer in the City 2011”. It is non-refundable.**
- ❑ **A 2% service charge will apply IF you use a credit card to pay your tuition.**
- ❑ 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 March 1st there will be no refunds.
- ❑ **On Oct.2nd, 2011 at 1:00 PM there will be a mandatory meeting at SOBTC Studios for everyone accepted into the program. The deposit of \$500.00 will be required.** 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 2012 auditions and 6 volunteer hours.
- ❑ 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:**

- Mandatory \$500.00 deposits are due by 10/2/10.
- All tuition MUST be paid in full by May 2<sup>nd</sup> and according to the schedule below

Deposit: \$500.00 Oct. 2, 2010  
\$735.71: Nov. 2, 2010  
\$735.71: Dec. 2, 2010  
\$735.71: Jan. 2, 2011  
\$735.71: Feb. 2, 2011  
\$735.71: March 2, 2011  
\$735.71: April. 2, 2011  
\$735.71: May 2, 2011

**2011 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 and themselves. 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 raggedy 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: \_\_\_\_\_

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For office use only: Application fee: check:  cash:  paypal:  Date: \_\_\_\_\_

**Page 6 is a DUPLICATE FOR YOUR FILES**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Application fee: check:  cash:  paypal:  Date: \_\_\_\_\_

## “Summer in the City” 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 11<sup>th</sup> floor)
- \_\_\_\_\_ Pillow, sheets and blankets for the bed\*
- \_\_\_\_\_ Tooth brush, tooth paste, toiletries
- \_\_\_\_\_ Soap
- \_\_\_\_\_ EYEGASSES – 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, 11<sup>th</sup>, Floor  
New York, New York 10023

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

## "Summer in the City" 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 5<sup>th</sup> through July 2<sup>th</sup>, 2011.

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 non-chaperoned within the officially guarded boundaries of Juilliard's Residence Hall: i.e. Mezzanine: Cafeteria, 11<sup>th</sup> floor: student lounge, 19<sup>th</sup> floor: computer lab.
- My child is allowed to go alone to visit and spend time with the following friends/relatives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **18yrs and up are allowed to come and go alone via subways to classes and activities. They must still adhere to curfews, rules and expectations.**

**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: \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH FRONT/BACK COPIES OF YOUR INSURANCE CARD BY 5/2/2011.**

**"Summer in the City" 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: \_\_\_\_\_

- 1. Have you ever been hospitalized? If so, Why?** \_\_\_\_\_
- 2. What medications are you currently prescribed?** \_\_\_\_\_
- 3. Participant must take his/her own medication –Chaperones are not allowed to dispense prescription drugs.**
- 4. What is the name and contact info of your Child's Doctor? Name:** \_\_\_\_\_  
**Number:** \_\_\_\_\_

◆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: \_\_\_\_\_

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## **SITC Rules and Regulations continued....**

- **No sexual activity of any kind, regardless of age.**

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

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Return Pages 1,2 and 5 AT AUDITIONS.

Keep pages 6 and 7.

PLEASE BE SURE TO TURN IN PAGES 8,9 and 10 BEFORE MAY 2<sup>nd</sup>.

Page 8: Permission Release Form

Page 9: Medical Release Form

Page 10: Rules and Regulations Signature Form.

**\*These pages are critical for the SITC trip.**