



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

- ◀ **Audition Application Pkt: pages 1- 3 only**
- ◀ **Rules and Info for your file: pages 4-7**
- ◀ **Pages 8, 9 and 10 required by 5/1/2017**

“Summer in NYC” 2017 Application

SCHOLARSHIP ELIGIBILITY South Carolina Residents only 13 - 17

Live Auditions: **November 20, 01:00 PM - 02:00 PM**
 January 8, 01:00 PM - 02:00 PM

Bring completed application and \$25.00 registration fee to audition

All Auditions are at: South of Broadway Theatre Company
 1080 E. Montague Avenue
 North Charleston, SC 29405

Applicant Information:

Name: _____

Street Address: _____ City: _____ Zip code: _____

Participant's E-Mail: _____ Participant's Cell Phone: _____

Date of Birth: _____ Age: _____

What school do you attend? _____

Current state of health: _____ Has applicant had any serious health condition or injuries or hospitalizations: No Yes (if yes, please explain on the back of this page)

| | |
|------------------------------|------------------------------|
| Guardian/or Parent 1: | Guardian/or Parent 2: |
| Name _____ | _____ |

| | |
|---------------|-------|
| Address _____ | _____ |
|---------------|-------|

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|------------------|-------|
| Occupation _____ | _____ |
|------------------|-------|

| | |
|------------------|-------|
| Work Phone _____ | _____ |
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| Cell Phone _____ | _____ |
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| Home Phone _____ | _____ |
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| | |
|-------------|-------|
| Email _____ | _____ |
|-------------|-------|

Emergency Contact if parent or legal guardian cannot be reached:

Name _____

Relationship: _____ Phone Number : _____

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Select your category:

- Classical Voice Theatre Musical Theatre Film/Television

Please state the 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.).

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? _____

Payment information:

- Once you are accepted into the program a \$500.00 deposit is due to reserve your space.
- All tuition must be paid in full by the May 1st. Payment may be made all at once or in installments. (TBD)
- A 2% service fee will be applied for tuition payments made with a credit or debit card.
- Checks to The Juilliard School for lodging are due no later than the May 1st.

2017 Rules and Regulations:

SOBTC facilitators reserve the right to dismiss any SiNYC student whose behavior is in violation of any of the following **RULES AND REGULATIONS** as set forth herein:

- No listening to any music of any kind on any form of device on the Street or in Subways
- No texting on street
- No hand held games of any kind on Streets and in Subways.
- No alcohol
- No tobacco products
- No illegal use of drugs
- No vandalism
- *No sexual activity of any kind*
- Sign-in and out of dormitory for activities
- Maintain a positive attitude: morose or disruptive behavior is detrimental to group morale
- Use good manners and be polite (“please & thank you”)
- Stay with your designated group at all times
- Everyone observes 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.

Infraction of the **above** rules will result in student participant being sent home immediately at your parent's or your own expense. SiNYC participation will be terminated and there will be **NO REFUNDS OF ANY KIND.**

Dress Code during NY residency:

- During the week, 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. Flip-flops are dangerous when 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 NYC” program.

Applicant signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

“Summer in NYC”

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 3 week artistic residency in New York City: June 4 – June 24, 2017. 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 residency in the artistic capital of the United States: New York City. Participants will meet and study with some of the greatest professional artists in the world.

PLEASE REVIEW CAREFULLY:

While “Summer in NYC” is an artistically rewarding program, the pace and intensity of its training schedule can be physically and emotionally demanding. Please audition with the understanding that discipline and a commitment to work hard are required for your success.

Audition Information & Guidelines:

- ❑ Applications are available on the South of Broadway website: www.SummerInNyc.org
- ❑ Make check payable to “South *of Broadway Theatre Company*” or SOBTC
- ❑ Vocalists bring your own accompanist OR a Karaoke version on CD, Ipod, or Iphone. NO ACAPELLA singing!
- ❑ Auditions are assessed on natural ability, technique, interpretation, age appropriateness of material and on how you present yourself (grooming and appropriateness of clothing).
- ❑ Eligible ages are 13-17 years old. Eligible South Carolina Resident 18 year olds please fill out appropriate application.
- ❑ Up to 20 youth will be selected
- ❑ Auditions should not exceed 5 minutes. However you may offer a monologue and a song not to exceed a total of 5 minutes.

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- ❑ Tuition for the artistic residency is **\$3,849.00**.
Includes:
 - All Private lessons
 - Master Classes with respected artists and academics
 - Seminars and Workshops with Talent Agents and Casting Directors
 - Broadway show tickets to four shows
- ❑ Lodging, if needed, is available at The Juilliard School Residence Hall and is **\$1,985.00**. SiNYC provides chaperones at this location which enforce curfews, answer questions, solve problems and oversee weekend whereabouts. Those who reside at The Juilliard School Residence Hall will have access to the Juilliard Cafeteria, Laundry Room and Lounge.
- ❑ Unlimited ride Subway passes are available at any NYC subway station. One week long pass cost approximately **\$32.00**
- ❑ CHECK-IN for Summer in NYC will begin at 3pm on Sunday June 4th at:
The Rose Building Lobby
165 W. 65th Street, NY, NY 10023
It is immediately west of The Juilliard School, between Broadway and Amsterdam Avenue.
On-site Contact: Donna Jones (843) 696-3240
- ❑ **Your deposit check of \$500.00 is your contract with SOBTC to send your child to “Summer in NYC 2017”. 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, the participant will still owe all **non-refundable** costs expended by SOBTC.
- ❑ All tuition to SOBTC and lodging fees to Juilliard must be paid by **May 1, 2017**, or you will be dropped from the program. The initial deposit is non-refundable, as are any expenses that have been incurred in advance on your behalf.
- ❑ **There will be a MANDATORY MEETING at SOBTC Studios on March 11 @ 4:00 pm for everyone accepted into the program.** There will be an in-depth discussion about the program with “Summer in NYC” staff.

Scholarships:

- ❑ Scholarship money is available and will be awarded according to need and artistic merit. Qualification for the scholarship will also include a personal interview component.
- ❑ Participants receiving \$1,000.00 or more scholarship money may be required to participate in up to two SiNYC performances and or SiNYC related events after the NY residency and during the remainder of the year leading to 2018 auditions plus 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 discourage tying up funds that could have been awarded elsewhere.)
- ❑ If a scholarship winner is disqualified for infraction of rules, all expenses that have been incurred on their behalf during the program must be refunded to South of Broadway Theatre Company. Additionally, the entire amount of the scholarship received must also be refunded. Parents are also required to pay for ‘early return’ airfare and any expenses incurred by round trip ground transportation to airport for child and, if required, chaperone.

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- ❑ **NO flip-flops. Period.** You may wear them inside the dorm but not outside. Flip-flops are dangerous when moving around the city, in subways and in crowds.

Releases:

I have read and understand the rules and regulations and agree that, 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 NYC” program.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

“Summer in NYC” Trip Check List & Information:

- _____ Laptop
- _____ Dress pants and shirts
- _____ Walking shoes & socks
- _____ Undergarments
- _____ Fannie-Pack and/or backpack to carry your things in
- _____ Cell phone (mandatory)
- _____ Towels
- _____ Hair Dryer
- _____ Laundry products (Laundry room is on dormitory 11th floor)
- _____ Pillow, sheets and blankets for the bed*
- _____ Tooth brush, tooth paste, toiletries
- _____ Soap
- _____ EYEGLASSES – if you wear contact lenses
- _____ Your sheet music if you are in Classical Voice or Musical Theatre
- _____ Recording device if you want to record your lessons
- _____ Digital Resume on a flash drive or in the cloud
- _____ Ten 8x10 Head Shots (DON'T spend a lot. A candid up-close shot is all you need.)
- _____ Clothes for Movement class
- _____ Umbrella
- _____ Plastic ID card holder (lanyard)
- _____ Clothes Hangers
- _____ Medicines

*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

OR:

There is a Bed Bath and Beyond Store across the street from Juilliard where you can buy what you need very inexpensively.

“Summer in NYC” 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 NYC”: June 4th through June 24th, 2017.

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 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 one other participant.

Parent & Participant Signatures: _____ Date: _____

- If I/my child is dismissed early from the program due to infraction of rules I understand that I am responsible for ‘early return’ round trip airfare and ground transportation, and if required, chaperone. I also understand that NO REFUND or adjustments will be given for the trip because of early dismissal.

Parent & Participant Signatures: _____ Date: _____

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

Parent & Participant Signatures: _____ Date: _____

- Parent or Legal Guardian of the aforesaid student, or of-age participants having read and understood this entire application, agrees 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 NYC.”

Parent & Participant Signatures: _____ 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 & Participant Signatures: _____ Date: _____

- I understand that the initial deposit of \$500.00 is my/my child’s contract with SOBTC to attend the 2017 Summer in NYC program and accept responsibility to complete tuition payment by May 1st, 2017.

Parent & Participant Signatures: _____ Date: _____

THIS FORM MUST BE RETURNED WITH FRONT/BACK COPIES OF YOUR INSURANCE CARD BY 5/1/2017.

"Summer in NYC" Medical Release Form

I, _____ (Parents/Guardian's/Participant's Names) hereby give permission for any and all medical attention to be administered for 13 - 17 health and safety, and assume 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.

Please attach a copy of your current (2017) **Certificate of Immunization records** for International Travel and Communicable Diseases. The nurse from your school should be able to provide this.

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 administer his/her own medication. Chaperones are not allowed to administer prescription drugs.**

What is the name and contact info of your Child's Doctor? Name _____
Number: _____

If my child 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 Child'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 participant 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 & Participant Signatures: _____ Date: _____

SiNYC 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.

Participant signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return Pages 1, 2 and 3 AT AUDITIONS.

Keep pages 4 - 7.

PLEASE BE SURE TO TURN IN PAGES 8, 9 and 10 by MAY 1st.

Page 8: Permission Release Form

Page 9: Medical Release Form

Page 10: Rules and Regulations Signature Form.

***These pages are critical for the SiNYC trip.**