



OFFICE USE ONLY	
Date Received:	_____
Initials:	_____
<input type="checkbox"/>	Confirmation Sent
<input type="checkbox"/>	Accept
<input type="checkbox"/>	Performance Confirm
<input type="checkbox"/>	Payment Received

2011-2012 APPLAUSE Program Application Form

PART I: Information

Name _____	
Position _____	Grade/Subject Taught _____
School _____	
School Address _____	City _____ State _____ Zip _____
*School Phone(____) _____	*Direct Ext. _____ *School Fax (____) _____
Home Address _____ City _____ State _____ Zip _____	
*Home Phone (____) _____	*Email _____
Have you participated in a Broadway Across America Education Program Before? _____	
If yes, when and with what show? _____	

<i>*Please provide a way that you can be reached during the day, 9am- 5pm. Email, Voicemail or fax numbers are preferred.</i>	

Complete application entirely. Schools applying for subsidized tickets will be chosen based on the merit of the teacher/instructor’s responses on the application. Please indicate below the shows in which you are interested and your order of preference if you are interested in more than one show. ***Performance times are outside of regular school hours.*** Schools are responsible for their own transportation. ***Please check dates for conflicts with school activities and holidays.*** The Broadway Across America-Columbus season schedule is subject to change.

PART II: Show Selection

- | | |
|---|---|
| <input type="checkbox"/> BILLY ELLIOT (Strong language)
October 19-30, 2011 | <input type="checkbox"/> WEST SIDE STORY (Recommended for 13yrs & up)
April 17-22, 2012 |
| <input type="checkbox"/> MAMMA MIA
December 13-18, 2011 | <input type="checkbox"/> MEMPHIS (Recommended for 13yrs & up)
May 29-June 3, 2012 |
| <input type="checkbox"/> SHREK
January 10-15, 2012 | |
| <input type="checkbox"/> BLUE MAN GROUP
February 7-12, 2012 | |

APPLAUSE Program Application Form (continued)

PART III: Performance Selection

Please indicate, in order of preference, which performance times would be best for your group. Not all performances times may be available for all shows.

- | | |
|--|---------------------------------------|
| _____ Tuesday Evening, 8:00pm | _____ Saturday Matinee, 2:00pm |
| _____ Wednesday Evening, 8:00pm | _____ Sunday Matinee, 1:00pm |
| _____ Thursday Evening, 8:00pm | _____ Sunday Evening, 6:30pm |

PART IV: Tickets and Seat Location Selection

Please indicate the number of tickets you wish to purchase. **The first 50 tickets of your group** will be available at a subsidized price of \$10 per ticket for mezzanine seats or \$15 per ticket for rear orchestra seats. Tickets beyond the first 50 will be available at a special discounted education rate. Also, indicate which seating you *prefer*. These rates are good for students, teachers, and chaperones (one adult per every 10 students, please). To allow as many schools as possible to participate in this program, please indicate **only the number of tickets you believe you will use**.

_____ # of students _____ # of teachers _____ # of parents/chaperones = _____ # Total Participants

- Rear Orchestra (\$15 per ticket) Rear Mezzanine (\$10 per ticket)

PART V: Questionnaire

YOUR SCHOOL

Please describe your school and students, including information on the school's focus of concentration and the students' exposure to the arts.

LESSON PLAN

Please explain why you selected your first choice show, how it is suited to a particular course of study, and how plan to incorporate study of this show into your curriculum.

Return your complete application by **September 1, 2011 by 5:00pm** to: **CAPA Ticket Office - Broadway Across America - Columbus Education Program * 39 E. State St, Columbus Oh 43215**
614-719-6764 * 614-340-2272 fax * hkalman@capa.com * www.capa.com