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<input type="checkbox"/>	Confirmation Sent
<input type="checkbox"/>	Accept
<input type="checkbox"/>	Performance Confirm
<input type="checkbox"/>	Payment Received

2018-2019 APPLAUSE Program Application Form

PART I: Contact 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 In Columbus Education Program Before? _____	
If yes, when and with what show? _____	

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

PART II: Show Selection

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 In Columbus season schedule is subject to change.*

- | | |
|--|--|
| <input type="checkbox"/> Disney’s Aladdin
October 24-November 4, 2018
<i>*No performance on Wednesday, Oct. 31</i>
Preference _____ | <input type="checkbox"/> Hello, Dolly!
May 7-12, 2019
Preference _____ |
| <input type="checkbox"/> The Play That Goes Wrong
April 9-14, 2019
Preference _____ | <input type="checkbox"/> Finding Neverland
June 4-9, 2019
Preference _____ |

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 performance times may be available for all shows to accommodate your group's size and seating preference.

___ Tuesday Evening, 7:30pm

___ Wednesday Evening, 7:30pm

___ Thursday Evening, 7:30pm

___ Sunday Evening, 6:30pm

Extra eligible performance of Aladdin:

___ Monday Evening 7:30pm

October 29, 2018

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 group 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. ** Only ONE application will be considered per teacher/per school. Please check with your fellow teachers in your school regarding interest in this program, so as not to be disqualified. Teachers may apply together on behalf of their separate classes and departments.

_____ # 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 attach a profile of your school's student body, including information on the school's focus on the arts and the amount of exposure your student body has to the arts. Complete the application *entirely*. Schools applying for subsidized tickets will be chosen based on the merit of the teacher/instructor's responses on the application.

LESSON PLAN

*Please attach an explanation of why you selected your show. Indicate your choice of show, how it is suited to a particular course of study, and how you plan to incorporate study of this particular show into your curriculum. **Strong specific curriculum tie-ins are a must.** Attach a lesson plan for each show you have listed as a preference. Study guides may be available on the individual show's websites.*

Return your completed application by **September 1, 2018** to: CAPA Ticket Office – Broadway In Columbus Education Program *Attn: Heather Kalman at 39 E. State Street, Columbus, OH 43215. Or send a PDF attachment with your email to: hkalman@capa.com. Questions? Please call 614-719-6764. Groups that do not receive Applause funding may contact JoLane Campbell at 614-719-6900 regarding group rates. Thank you for interest in this program and good luck!!