



8th ANNUAL DSM HSMTA PERFORMANCE DETAILS FORM

FORM IS DUE 30 DAYS PRIOR TO PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

Show Dates: _____

Curtain Times: _____

Is the show double cast? NO YES

If **yes**, indicate the dates of the performance you would like to be judged: _____

Location and address of performance:

Please include a detailed map to the venue and parking information.

PRODUCTION INFORMATION

Name of Show: _____ Show Author: _____

Show Lyricist: _____ Show Composer: _____

Licensing House: _____

Are you using any actors from other schools? NO YES

If **yes**, which schools, and for what roles? _____



8th ANNUAL DSM HSMTA PERFORMANCE DETAILS FORM

PRODUCTION INFORMATION CONTINUED

Name(s) of director: _____ Student Faculty Contractor

Name(s) of choreographer: _____ Student Faculty Contractor

Name(s) of musical director: _____ Student Faculty Contractor

Name(s) of set designer: _____ Student Faculty Contractor

Name(s) of lighting designer: _____ Student Faculty Contractor

Name(s) of costume designer: _____ Student Faculty Contractor

Number of Orchestra Members: _____ Students _____ Faculty/Professionals*

Costumes: _____ % Designed/Created _____ % Pulled/Rented

Scenery / Props: _____ % Designed/Created _____ % Pulled/Rented

* Schools that use more than ONE professional musician are ineligible to receive the Best Orchestra Award

NUMBER OF INDIVIDUALS INVOLVED IN OVERALL PRODUCTION

Cast: _____ Crew: _____ Orchestra: _____ TOTAL: _____



8th ANNUAL DSM HSM TA PARENT LIAISON FORM

FORM IS DUE 30 DAYS PRIOR TO PRODUCTION

GENERAL INFORMATION

School: _____ School Contact: _____

Show: _____

The responsibilities of the Parent Liaison include, but are not limited to:

- Share information about events, deadlines, discounts, auditions, etc. with students and other parents
- Regularly check email for updates and information about DSM HSM TA
- Gather information from students and parents
- Ensure forms are submitted on time and with accuracy (at the discretion of the Director)
- Assist with the organization of video reel submission, photo submissions, ticket requests, t-shirt orders, scholarship applications, etc. (at the discretion of the Director)

PARENT LIAISON INFORMATION

Name: _____ Cell Phone: _____

Email Address: _____



8th ANNUAL DSM HSMTA PRODUCTION BUDGET FORM

FORM IS DUE 30 DAYS PRIOR TO PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

Show Dates: _____

MISCELLANEOUS SALARIES

Salaries for outside contractors only DO NOT list regular faculty salaries

POSITION	SALARY
Producer	\$
Co-Producer	\$
Director	\$
Choreographer	\$
Musical Director	\$
Set Designer	\$
Lighting Designer	\$
Costume Designer	\$
Technical Designer	\$
Hair Stylist	\$
Costume Coordinator	\$
Accompanist	\$
Musicians	\$
Set Construction	\$
Set Painter	\$
Sound Technician	\$
Make-up Coordinator	\$
Assistant Director	\$

PRODUCTION EXPENSES

EXPENSE	BUDGET
Royalties	\$
Rented Costumes	\$
Constructed Costumes	\$
Props	\$
Rented Sets	\$
Constructed Sets	\$
Lighting	\$
Sound	\$
Misc Production Expenses	\$

TOTAL EXPENSES	\$
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TOTAL BUDGET (expenses + salaries)	\$
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8th ANNUAL DSM HSMTA SCHOOL PARKING FORM

FORM IS DUE 30 DAYS PRIOR TO PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

Show Date: _____

For the convenience of the judges, please inform Dallas Summer Musicals if there will be reserved parking spaces for the judges the night of your performance. If yes, please indicate specific parking instructions on this form and submit with the Performance Details Form.

YES! There will be reserved parking for the judges on the assigned performance evening

School Contact Signature

Date



8th ANNUAL DSM HSMTA VIDEO FORM

FORM IS DUE ONE WEEK AFTER FINAL PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

If you are submitting a DVD it MUST be in MP4 format. All DVD's and this form should be mailed to Dallas Summer Musicals – 909 1st Ave, Dallas, TX 75201 – ATTN: HSMTA

If you are able to submit videos electronically please email AWARDS@DallasSummerMusicals.org with this form and the link to either a Drobbox or Google Drive folder

VIDEO SEGMENTS

Please use this form to record exact times and counter numbers (minutes: seconds) in your full length production video for specific segments which will be reviewed by judges.

EXAMPLE:

<u>Title</u>	<u>Counter</u>	<u>Length</u>
I Got Rhythm	00:03- 03:03	3 min

Production Numbers (3 minutes each -- Please provide **two or three** segments. Each segment should include multiple award categories: Ensemble/Chorus, Choreography, Set, etc.)

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Best Actor (1 minute each -- Please provide **two or three** segments)

Student Name/Role: _____

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



8th ANNUAL DSM HSMTA VIDEO FORM

Best Actress (1 minute each -- Please provide **two or three** segments)

Student Name/Role: _____

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Best Supporting Actor (1 minute each -- Please provide **two or three** segments)

Student Name/Role: _____

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Best Supporting Actress (1 minute each -- Please provide **two or three** segments)

Student Name/Role: _____

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



8th ANNUAL DSM HSMTA VIDEO FORM

Full Orchestra Shot (1 minute – to determine eligibility please reference category guidelines)

Student Name/Role: _____

<u>Orchestra</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____

Other (1 minute each -- Please provide **two or three** segments)

Student Name/Role: _____

<u>Song Title</u>	<u>Counter</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



8th ANNUAL DSM HSMTA PHOTO FORM

FORM IS DUE ONE WEEK AFTER FINAL PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

PHOTOS TO SUBMIT

Full Company Photo (for DSM HSMTA Awards Show Program)

Show Photos (at least 6 for show montage)

Photographs should be HIGH RES .jpg files
Please UPLOAD all photos using Dropbox or Google Drive



8th ANNUAL DSM HSMTA SONG SELECTION FORM

FORM IS DUE ONE WEEK AFTER FINAL PRODUCTION

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

PRODUCTION NUMBER SONG CHOICE

Choice #1: _____

Choice #2: _____

Choice #3: _____

DSM staff and HSMTA Music Director will consult with each school regarding the production number to be performed as part of the awards show.

**DSM RESERVES FINAL RIGHT OF APPROVAL FOR CHOSEN NUMBER GIVEN
PROGRAM CONTENT, LENGTH AND STAGE LOGISTICS**



8th ANNUAL DSM HSMTA BEST MUSICAL NOMINEE FORM

FORM IS DUE FRIDAY APRIL 12

GENERAL INFORMATION

School: _____ Contact: _____

Show: _____

Name of Song for Production Number: _____

Number of students performing in production number: ____ WOMEN ____ MEN

How many students are on stage at the top of the number: ____

How many wireless microphones will be utilized: ____ (a total of 9 are available)

Cast members who need microphones:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Please upload **ALL** of the lyrics / script used in your production number.

DSM HSMTA staff will consult with each school regarding the production number to be performed as part of the awards show. DSM reserves final right of approval for chosen number given program content, length and stage logistics



8th ANNUAL DSM HSMTA FINALE PARTICIPANTS FORM

FORM IS DUE FRIDAY APRIL 12

GENERAL INFORMATION

School: _____ Contact: _____

Select **one male** and **one female** to participate in the **Finale Production** for the 8th Annual DSM High School Musical Theatre Award on Thursday, May 9, 2019 at 7:00 pm

STUDENT 1 (MALE)

Name: _____

Phone: _____

Email: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

STUDENT 2 (FEMALE)

Name: _____

Phone: _____

Email: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

These two students **MUST** attend **ALL** rehearsals in order to perform (see the attached schedule)
The DSM HSMTA Choreographer and Musical Director will make final approval.
Students will perform in their school's musical performance costume.



8th ANNUAL DSM HSMTA INDIVIDUAL NOMINEE FORM

FORM IS DUE FRIDAY APRIL 12

Please fill out a separate form for every INDIVIDUAL nominee

INDIVIDUAL NOMINEE INFORMATION

School: _____

Show: _____

Category: _____

Name: _____

Phone: _____

Email: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____



8th ANNUAL DSM HSMTA BEST ACTOR / ACTRESS FORM

FORM IS DUE FRIDAY APRIL 12

GENERAL INFORMATION

School: _____

Contact: _____

BEST ACTOR / ACTRESS:

Name: _____

Phone: _____

Email: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

Show Role: _____

Song Performing: _____

Best Actor/Actress nominees will perform as part of a medley featuring each of the nominees during the Awards Show on May 9, 2019

Students/Schools MUST bring the corresponding orchestra score of the song you have selected to perform from your nominated role to the Music Hall by 5pm Friday, April 12, 2019.

Students must also upload a headshot, resume and short bio (one paragraph only) to their assigned Dropbox folder. Link will be supplied to teacher.



8th ANNUAL DSM HSMTA AWARDS SHOW BUS FORM

FORM IS DUE MAY 1, 2019

GENERAL INFORMATION

School: _____

Contact: _____

Email: _____

Cell Phone: _____

DAY OF AWARDS SHOW – BUS INFORMATION

Will your school be arriving on a bus? NO YES

If **yes**, how many buses? _____

When will they drop students off? MORNING AFTERNOON BOTH

Will your buses need to remain nearby all day? NO YES