

OCEAN STATE STAR AWARDS APPLICATION



All applications must be received no later than Friday, January 17, 2025, to participate in the 2024-2025 Ocean State Star Awards. Production applications must be submitted <u>at least 4 weeks prior</u> to your first production. Late submissions MUST be approved and are subject to a \$150 late fee per production (inclusive of double casting).

CONTACT INFORMATION

School Name	
School Address	School Phone
Contact Person	Title
Contact Email	Contact Phone

Contact email address will be the primary means of communication. Providing an email address is mandatory.

STUDENT & PARENT LIAISON INFORMATION

Student Liaison Name

Student Liaison Contact Email Address

Adult Liaison Name

Adult Liaison Contact Email Address

Contact email address will be the primary means of communication. Providing an email address is mandatory.

SHOW INFORMATION

You are required to keep the music for	<mark>drums, b</mark>	oass, <mark>guitar</mark>	and <mark>piano</mark>	until after the	Ocean State Star	Award winners are
<u>announced May 2025.</u>						

Name of Musical							
Author	Composer		Lyricist				
Licensing House: □Tams-Witmark	□Rodgers & Hammerstein		□Samuel French	□Other			
_ List all Dates & Times of Performa	nce						
_ Performance Location (please lis	t COMPLETE address)						

Is the show double cast? (Answer 'YES' even if only one role is being shared by two students): $\Box Y$ or $\Box N$

Would you like both casts evaluated? (If 'YES', please include an application fee for each cast): \Box Y or \Box N





Budget of Musical: \$___

CERTIFICATION CHECKLIST

I have read the program Rules and Guidelines for the Providence Performing Arts Center Ocean State Star Awards (listed in the OSSA Handbook and at ppacri.org/oceanstatestarawards) and I certify that:

- □ I have read the OSSA Handbook in its entirety.
- \Box I understand the application deadlines.
- □ I am authorized to commit my school to this program.
- □ I agree to the program Rules and Guidelines (as outlined here and in the handbook).
- \Box I will be the primary contact person for my school.
- □ I agree to the Teacher/Director Responsibilities.
- □ I agree to attend the mandatory Director's Meeting scheduled for Saturday, March 8, 2025.
- □ The information in this application is correct to the best of my knowledge.
- □ I agree and commit to participate in the 2024-2025 Ocean State Star Awards Showcase on Sunday, June 1, 2025, at 7:00 PM, if applicable.

_ Signature	Date					
_ Print Name						
METHOD OF PAYMENT						
If you would like to process credit card information over the phone, please call Dana Brazil at (401) 574-3132.						
$\hfill\square$ Check (Make payable to Providence Performing Arts Center)	Credit Card					
Type of Card: Visa Mastercard Discover	American Express					
Name as it appears on card:						
Credit Card #:	Expiration Date:					
CVC (3-digit # on back of card or 4-digit # on front of American Express):						
 APPLICATION CHECKLIST Complete and sign application form Include \$350 registration fee for each cast that will be Providence Performing Arts Center Confirm your high school is participating in one (1) Fe participation in multiple RAPs will disqualify your schulimmy Awards® Mail or email application packet to: Providence Performing Arts Center Ath: Dana Brazil, Ocean State Star Awards 220 Weybosset Street Providence, RI 02903 	Regional Awards Program (RAP) ONLY;					