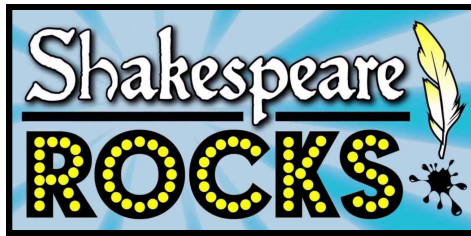


KEEP THIS PAGE

## WINTER MUSICAL PARTICIPATION FORM



Thank you for considering taking part in Bell Elementary's musical production of Shakespeare Rocks. It is our goal to make this an extraordinary experience for every participant.

1. We welcome actors in 5th, 4th, 3rd and 2nd grade.
2. We welcome up to 5 crew members (accepted in the order received) in 5th or 4th grade.
3. Mandatory parent meeting on Monday 1/28 at 7pm in the A.G. Bell Cafeteria. Bring your check:
  - a. PTSA Members: \$100 for actors / \$50 for crew
  - b. Non-PTSA Members: \$102 for actors / \$52 for crew
  - c. Write check to: A.G. Bell PTSA
  - d. No refunds after auditions.
  - e. There is a checkbox on the form to request a fee reduction.
    - i. The fee will not be a barrier to any student that wants to participate.
4. Rehearsals are typically Tuesday through Friday for 2 hours.
  - a. Participants may not be needed every day.
  - b. There are 8 "Mandatory" dates for actors listed on the calendar.
  - c. Crew students start joining us for all rehearsals on the Saturday rehearsal on March 16.
  - d. We can work around conflicts, but please communicate any absences.
  - e. On the back side of the participant form page there is a schedule to note conflicts.
5. You keep this first page with schedule on back and then return the remainder of the packet.
6. Final page is a Bell PTSA Membership Form.
  - a. We highly recommend all participating families becoming a PTSA member.
  - b. Ignore the membership form if you are already a PTSA member.
7. Return forms to Bell office.

Actors should memorize a monologue between 30 and 60 seconds in length to have prepared for auditions. You can find monologues at [monologue.broadwaybulldogs.org](http://monologue.broadwaybulldogs.org) or with a Google search. We have an audition practice (and/or find a monologue) on Friday 2/1 after school until 5pm - students are not required to attend.

A list of parent responsibilities can be found at [parent.broadwaybulldogs.org](http://parent.broadwaybulldogs.org). Feel free to contact me with any concerns, and we will answer all questions at the parent meeting. I look forward to seeing you there!

Johnmichael P. Monteith  
[director@broadwaybulldogs.org](mailto:director@broadwaybulldogs.org) - (425) 223-3298

NOTE ANY CONFLICTS ON CALENDAR BELOW

Required: Parent Meeting on Mon 1/28 at 7pm

Shakespeare Rocks

Optional: Audition Practice on Fri 2/1 4:00-5:00

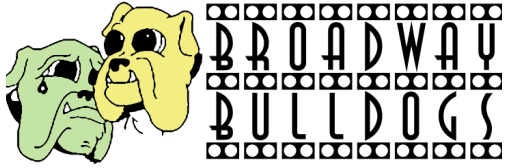
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>3 FEB</b>	<b>4</b>	<b>5</b> 4:00 - 6:00 <i>SET AT PARENT MTG</i>	<b>6</b> 2:30 - 4:30 <i>SET AT PARENT MTG</i>	<b>7</b> 4:00 - 6:00 <i>MANDATORY</i>	<b>8</b> 4:00 - 6:00 <i>MANDATORY</i>	<b>9</b> 48 Hours
		AUDITION		CALLBACKS		FIRST READ-THRU
<b>10 FEB</b>	<b>11</b>	<b>12</b> 4:00 - 6:00	<b>13</b> 2:30 - 4:30	<b>14</b> NO SCHOOL	<b>15</b> NO SCHOOL	<b>16</b>
				MID-WINTER BREAK		
<b>17 FEB</b>	<b>18</b> NO SCHOOL	<b>19</b> 4:00 - 6:00	<b>20</b> 2:30 - 4:30	<b>21</b> 4:00 - 6:00	<b>22</b> 4:00 - 6:00	<b>23</b>
		MID-WINTER BREAK				
<b>24 FEB</b>	<b>25</b>	<b>26</b> 4:00 - 6:00	<b>27</b> 2:30 - 4:30	<b>28</b> 4:00 - 6:00	<b>1</b> 4:00 - 6:00	<b>2</b>
<b>3 MAR</b>	<b>4</b>	<b>5</b> 4:00 - 6:00	<b>6</b> 2:30 - 4:30	<b>7</b> 4:00 - 6:00	<b>8</b>	<b>9</b>
<b>11 MAR</b>	<b>11</b>	<b>12</b> 4:00 - 6:00	<b>13</b> 2:30 - 4:30	<b>14</b> 4:00 - 6:00	<b>15</b> 4:00 - 6:00	<b>16</b> 9:00 - 3:30 <i>MANDATORY</i>
<b>17 MAR</b>	<b>18</b>	<b>19</b> 5:00 - 7:00 <i>MANDATORY</i>	<b>20</b> 2:30 - 5:45 <i>MANDATORY</i>	<b>21</b> 5:00 - 7:00 <i>MANDATORY</i>	<b>22</b> 5:30 - 9:00 <i>Parents @ 3 setup</i> <i>MANDATORY</i>	<b>23</b> 1:00 - 5:00 <i>CAST PARTY 3-5</i> <i>MANDATORY</i>
		TECH WEEK		TECH WEEK		CLOSING
		TECH REHEARSAL		FINAL DRESS		PERFORMANCE
		TECH WEEK		TECH WEEK		OPENING

Key for Calendar:

*ITALICS MEANS IMPORTANT INFORMATION*

THESE ARE DIRECTORS NOTES - IGNORE

TYPE OF REHEARSAL OR LOCATION INFO



RETURN TO OFFICE

WINTER MUSICAL  
PARTICIPATION FORM

Please complete the following pages, including listing conflicts on back page, and send to Bell office.

Student Full Name:			
Type:	<input type="checkbox"/> Actor (\$100/\$102) <input type="checkbox"/> Crew (\$50/\$52)	<i>Check made out to: A.G. Bell PTSA</i>	
Scholarship:	<input type="checkbox"/> Request Fee Reduction	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Grade:	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2	Teacher:	
Hair Color:	<input type="checkbox"/> Diamond <input type="checkbox"/> Blonde <input type="checkbox"/> Honey <input type="checkbox"/> Caramel <input type="checkbox"/> Brown <input type="checkbox"/> Espresso <input type="checkbox"/> Red		
Shirt Size:	<b>Child:</b> <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <b>Adult:</b> <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Acting/Crew Experience:			
Vocal Training / Choir:			
Dance / Gymnastics:			
Musical Instrument:			
Can you read sheet music?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A Little	Singing/Voice Type:	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unknown

Parent/Guardian #1:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Phone Number:	
Name:			
Email:			
Parent/Guardian #2:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Phone Number:	
Name:			
Email:			

Please list any additional information you would like to share with the director:


NOTE ANY CONFLICTS ON CALENDAR BELOW

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Shakespeare Rocks

Optional: Audition Practice on Fri 2/1 4:00-5:00

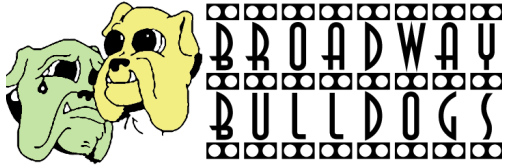
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Key for Calendar:

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## RETURN TO OFFICE

## WINTER MUSICAL PARTICIPATION FORM

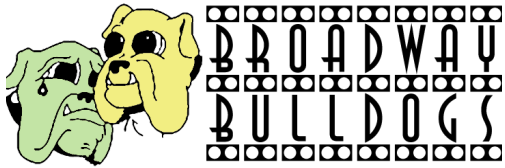
### Rules for a Safe & Fun Experience

We are all in this performance journey to learn from each other.  
Please read these carefully and take them to heart.

- ⇒ I will never do anything that is unsafe / could cause harm to others or myself.
- ⇒ I will bring my script and two pencils to every rehearsal.
- ⇒ I will bring a healthy snack and water bottle to every rehearsal.
- ⇒ I will use respectful language at all times, both with my directors and fellow actors.
- ⇒ I will clean up after myself and others during/after rehearsals and performances.
- ⇒ I will coordinate with another actor if I miss a rehearsal to catch what I missed.
- ⇒ I will do my best to memorize my lines and stage movement outside of rehearsal.
- ⇒ I will set a good example to others by being a good listener.
- ⇒ I will be a good audience member by supporting my fellow actors.
- ⇒ I will do my homework or read a book during rehearsal if I am not being used at that time.
- ⇒ I will keep any electronic devices (games, cell phones) off and put away during rehearsal.
- ⇒ I will pay attention to the time so I can be ready to start on time.
- ⇒ I will not touch anything that is not mine unless I have been asked to do so.
- ⇒ I will keep my shoes on during rehearsal.
- ⇒ I will always try my very best.
- ⇒ If I have any concerns I will notify an adult immediately.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



RETURN TO OFFICE

WINTER MUSICAL  
PARTICIPATION FORM

MEDICAL INFORMATION

Complete only if there is a potential medical concern.

Student Full Name:			
Parent Full Name:		Parent Phone:	
Additional Contact #1 Name:		Contact #1 Phone:	
Additional Contact #2 Name:		Contact #2 Phone:	
List Any Food Allergies: (examples: peanuts, gluten, milk, eggs)			
Explain Any Serious Medical Condition: (examples: diabetes, epilepsy, severe asthma, or cardiac/heart conditions)			
Explain any health condition or behavioral / emotional challenges that may impact your student:			
Explain any items we should monitor to assure the safety of the student:			

I, the undersigned parent/guardian of the student, acknowledge the possibility that participation in after school activities could result in physical injury to the student. I hereby release, discharge and agree to hold harmless NEW GLOBE, A.G. BELL PTSA and its volunteers from any and all claims related to participation. I further authorize NEW GLOBE and A.G. BELL PTSA volunteers to obtain medical care for my child in case of an emergency. I certify that I have read, understood, and agree to the above conditions, and that the information provided is complete and accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A.G. Bell PTSA

## Membership Application



PART A. MEMBERSHIP OPTIONS - CHOOSE ONE		
<input type="checkbox"/>	\$20	Household Membership - up to 2 named adults / older child volunteering at Bell
<input type="checkbox"/>	\$12	Single Membership - Individual
<input type="checkbox"/>	\$10	Teacher and/or Staff
<input type="checkbox"/>	\$25	Business Membership

PART B. ADDITIONAL DONATION - \$25 PER FAMILY SUGGESTED ADDITIONAL DONATION		
<input type="checkbox"/>	\$10	Sponsor Teacher / Staff      Name: _____
<input type="checkbox"/>	\$50	
<input type="checkbox"/>	\$25	Assists in providing additional funds toward our programs and events
<input type="checkbox"/>	\$5	Safety Funds for School Emergency Preparedness *
<input type="checkbox"/>	Other Amount	
Employer Matching Donations:		
<input type="checkbox"/>	Yes, my employer offers matching funds programs	
<input type="checkbox"/>	I enclosed supporting paperwork	
<input type="checkbox"/>	I will submit online	Company: _____

TOTAL PART A + PART B
\$ _____

APPLICANT INFORMATION		
Last Name	First	Email address
Last Name	First	Email address
Business Name (if applicable)		Email address

Address		Apartment/Unit #
City	State	ZIP
Home Phone	Cell Phone	

CHILDREN AT A.G. BELL ELEMENTARY		
Last Name	First	Teacher
Last Name	First	Teacher
Last Name	First	Teacher
Last Name	First	Teacher

Cash Received by/Amount/Date	Check Received by/Amount/Date
------------------------------	-------------------------------

**Please return this application with a check made out to A.G. Bell PTSA in your child's folder or turn in to the school office. You can also join the PTSA at [www.agbellptsa.org](http://www.agbellptsa.org)**

\* Safety Funds are needed to purchase and maintain critical Emergency Preparation materials for our students, in such an event as a natural disaster or lock down. The materials are required by the state, however not funded.

A.G. Bell PTSA is a 501 ©(3) charitable organization and donations are tax deductible. The portion for membership dues that is tax deductible is \$5.50 for single membership and \$11.00 for household membership. A \$10.00 fee plus bank charges PTSA accrues will be charged for returned (NSF) checks.