

APPLICATION FORM
CMW's STEM 2 STEAM Technical Apprenticeship Program
for

CMW's production of *Singin' In The Rain Jr.*

Show Dates: April 12, 13, 14, 2019 – Lakeshore High School Community Auditorium
(Program open to Students Grade 7 through Age 20)

Student's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell phone: (Parent/Guardian) _____ (Student) _____

Parent/Guardian Email Address: _____

Student's Email Address: _____

Emergency Contact Name: _____ Phone: _____

School: _____ Grade (Spring '19): _____ M/F: _____ Birth Date: _____ Age: _____

1. **Weekly Rehearsals:** St. Paul's Lutheran Church, Stevensville Mi
Saturday rehearsals: Sat 9 am to 1:30 pm, Small Groups 1:30-3:30 January 12 – April 6
Rehearsal Schedule and specific work assignment details will be provided.
2. **Mandatory Tech/ Final Rehearsals:** Apr 8,9,10,11 2019 4:00pm to 8:00pm – Lakeshore Auditorium.
3. **Performances:** April 12, 13, 14, 2019 - Lakeshore Community Auditorium.
4. Students participating in STEM 2 STEAM will not be required to attend all Weekly Rehearsals. Actual Schedule will be determined based on the position filled and the student's availability.

CONFLICTS: Please list ALL scheduled vacations or other conflict dates that occur during production period on back of this form. With the exception of Mandatory Tech Rehearsals, conflicts do not exclude any student but must be listed now to ensure proper planning.

Select All Areas of Program You Are Interested in Applying (please indicate priority of interest):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Set Design | <input type="checkbox"/> Lighting Design |

A limited number of students will be accepted for each position based on need for this performance.

Students that are selected will be awarded a scholarship to cover tuition. Each student is responsible for payment of technical fees. If selected, payment for technical fees is due upon acceptance. Breakdown of cost below:

Tuition Fee:	\$ _____ \$240	(covered in full through awarded scholarship, if accepted)
Scholarship Awarded:	\$ _____ (\$240)	(scholarship awarded, if accepted)
Technical Fee Due if Accepted:	\$ _____ \$20	(to be paid by student, if accepted)
Program Total	\$ _____ \$260	(total program value)
TOTAL DUE (STUDENT)	\$ _____ \$20	

You will receive an e-mail confirmation if accepted. If email not available, confirmation will be sent by mail.

FOR OFFICE USE: Scholarship \$ _____ Scholarship # _____

REFUND POLICY: Tuition and all technical fees are non-refundable. If you withdraw from the production prior to completion, any tuition or fees paid are non-refundable but may be considered a tax-deductible contribution to CMW. If a student withdraws from the program prior to completion, they will not be eligible for future scholarships without obtaining permission from the CMW Board of Directors. Permission must be requested in writing.

I understand the refund policy as certified by my signature below.

Parent/Guardian Signature: _____ Date: _____

(PLEASE COMPLETE BOTH SIDES OF THIS REGISTRATION FORM AND USE A SEPARATE FORM FOR EACH CHILD REGISTERING - PHOTOCOPIES ARE ACCEPTABLE)

ABOUT YOU: *Please tell us about yourself. Why you want to be considered for STEM 2 STEAM in the area(s) selected and any previous experience that you may have.*

CONFLICTS: *please list all conflicts and vacations that occur during production period.*

ALLERGIES AND MEDICAL CONDITIONS

Please list any allergies or medical conditions that CMW staff should be made aware of:

PUBLICITY

Portions of this CMW production or workshop may be photographed and/or videotaped for promotional purposes including but not limited to web site, brochure, photo CD fundraiser, newspaper ads/features or promotional/archival videos. Does CMW have your permission to use your child's image/name in CMW promotional photos (group or individual) or videos? Yes No

PARTICIPATION PERMISSION SLIP AND RELEASE

I approve of my son/daughter (student's name) _____
participating in Children's Music Workshop (herein referred to as CMW). As Student's Parent or Guardian, I release CMW from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Student while participating in CMW or while traveling to and from a CMW event. I agree that I will make no claim or demand against CMW if an injury or accident occurs. I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if an injury occurs. The term CMW includes all employees, volunteers and other staff of Children's Music Workshop. **I also give permission to release my child to my emergency contact listed above.**

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____

Mail Application Form to:

CMW, Attention: STEM 2 STEAM, P.O. Box 69, Stevensville, MI 49127

RETURNED CHECKS: A \$25 fee will be charged for all NSF checks returned to us.

FOR MORE INFORMATION CONTACT CMW BY PHONE AT 269-422-2930 OR VISIT OUR WEB SITE AT CMWONLINE.ORG