

## *A Midsummer Night's Dream*

Thank you so much for considering taking part in our third annual spring Shakespeare production. It is our goal to make this an extraordinary learning experience that they will cherish. While our production is focused at KiMS, middle school students from other Kirkland-area schools may participate, but please note when you expect them to arrive for rehearsal.

1. Participation form can be turned into KiMS office or at the Parent Meeting.
  - a. Please keep this first page so you have the notes and a copy of the conflict calendar.
  - b. We do not need a photo. We will take them at auditions.
2. Parent / guardian attends mandatory meeting on Monday March 27 at 7pm.
  - a. We will chat about the show and what we hope to accomplish.
  - b. Answer any questions about the process.
  - c. Sign up for audition time, chaperone dates and committee.
  - d. Parent responsibilities can be found in Panther Playhouse section at [kirklandptsa.org](http://kirklandptsa.org).
3. Turn in check for \$85 (\$50 for crew) made out to "KiMS PTSA" at the parent meeting.
  - a. Contact us if there is a concern about the fee.
    - i. The fee will not be a barrier to any actor that wants to participate.
  - b. Refunds cannot be issued after the auditions.
  - c. A listing of possible crew positions can be found at: <http://crew.anewglobe.org/>
4. Actor must prepare a memorized monologue for their audition slot.
  - a. Monologues should be under one minute in length.
  - b. Using a monologue written by Shakespeare is not expected or required.
  - c. Monologues & audition tips can be found in Panther Playhouse section at [kirklandptsa.org](http://kirklandptsa.org).
  - d. Actors may reach out to me directly if they need any assistance with their monologue.
  - e. Actors will learn about their role at first reading on April 11.
5. Please note the schedule for rehearsal dates and student requirements.
  - a. Schedule on back of this page is yours to keep.
  - b. We can work around conflicts. Note any on the schedule on "RETURN TO OFFICE" page.
  - c. All "MANDATORY" dates are mandatory - including the performances.
  - d. Each week we will notify you which rehearsals the actors are called for.
  - e. All students must read and sign the "Commitment to Success" page.
6. Final page is a PTSA Membership form.
  - a. We highly recommend all families involved in Panther Playhouse be PTSA members.
  - b. If you need financial assistance to become a member please contact us.
  - c. Ignore the membership form if you are already a PTSA member.

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

Your Name: \_\_\_\_\_  
 Note any conflicts below.  
 Parent Meeting on Mon Mar 27 at 7pm

## A Midsummer Night's Dream Kirkland Middle School

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>9 APR</b>	<b>10</b> MANDATORY FOR ACTORS 3:00 - 6:00 REQUIRED	<b>11</b> MANDATORY FOR ACTORS 3:00 - 6:00 REQUIRED	<b>12</b> 3:00 - 6:00	<b>13</b> 3:00 - 6:00	<b>14</b>	<b>15</b>
	AUDITION	FIRST READ-THRU				
<b>16 APR</b>	<b>17</b> MANDATORY FOR CREW 3:00 - 6:00 TENTATIVE	<b>18</b> 3:00 - 6:00 Math Olympiad	<b>19</b> 1:30-4:30	<b>20</b> 3:00 - 6:00	<b>21</b>	<b>22</b>
	CREW REHEARSAL					
<b>23 APR</b>	<b>24</b>	<b>25</b> 3:00 - 6:00 Talent Show	<b>26</b> 1:30-4:30	<b>27</b> 3:00 - 6:00	<b>28</b>	<b>29</b>
<b>30 APR</b>	<b>1 MAY</b>	<b>2</b> 3:00 - 6:00	<b>3</b> 3:00 - 6:00	<b>4</b> 3:00 - 6:00	<b>5</b>	<b>6</b>
<b>7 MAY</b>	<b>8</b>	<b>9</b> 3:00 - 6:00 Collage Concert	<b>10</b> 1:30-4:30	<b>11</b> 3:00 - 6:00	<b>12</b>	<b>13</b>
<b>14 MAY</b> TECH WEEK	<b>15</b> MANDATORY FOR ALL 3:00 - 6:30 REQUIRED	<b>16</b> MANDATORY FOR ALL 3:00 - 6:30 REQUIRED	<b>17</b> MANDATORY FOR ALL 1:30 - 5:00 REQUIRED	<b>18</b> MANDATORY FOR ALL 3:00 - 6:30 REQUIRED	<b>19</b> OPENING	<b>20</b> CLOSING
	TECH WEEK	TECH WEEK	TECH WEEK	TECH WEEK	PERFORMANCE	PERFORMANCE
					CALL AT 6	CALL AT 6:30



RETURN TO OFFICE

SPRING SHAKESPEARE  
PARTICIPATION FORM

Checks must be made out to KiMS PTSA

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

Questions? Contact Johnmichael at [jp@anewglobe.org](mailto:jp@anewglobe.org) / 425.223.3298

Student First Name:		Student Last Name:	
Grade:	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other:	Height:	
Gender:		Hair Color:	
Your School:	<input type="checkbox"/> KiMS <input type="checkbox"/> Other:		
Parent #1 Type:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Parent #1 Name:			
Parent #1 Email:			
Parent #1 Phone:			
Parent #2 Type:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Parent #2 Name:			
Parent #2 Email:			
Parent #2 Phone:			
Role:	<input type="checkbox"/> Actor (\$85) <input type="checkbox"/> Stage Crew (\$50) <input type="checkbox"/> Other Production Role (\$50)		
If you selected "Other Production Role" ( <a href="http://crew.anewglobe.org/">http://crew.anewglobe.org/</a> ), which one?			

<b>Acting Experience:</b>

<b>Dance, choir, gymnastics experience or play an instrument:</b>

<b>Anything else important to share:</b>

Your Name: \_\_\_\_\_  
 Note any conflicts below.  
 Parent Meeting on Mon Mar 27 at 7pm

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	TECH WEEK	TECH WEEK	TECH WEEK	TECH WEEK	PERFORMANCE	PERFORMANCE



## COMMITMENT TO SUCCESS

All students involved must carefully read, take to heart and sign the following document to demonstrate their commitment to the success of our production.

1. We will always demonstrate the best of our abilities.
  - a. I shall have fun and never lose my enthusiasm.
  - b. I shall give this production my utmost cooperation.
  - c. I shall never do anything that could be unsafe to me or others.
  - d. I shall focus all my energy on the production during rehearsals and performances.
2. We will work together for our mutual success.
  - a. I shall support every individual involved as part of our family.
  - b. I shall ignore desires for personal gratification and embrace the needs of the play.
  - c. I shall avoid making any remark that is not intended to help the recipient.
  - d. I shall be prepared every day and responsible for collecting any information I missed.
3. We will be gracious in our acceptance of both praise and constructive criticism.
  - a. I shall inspire others through my acceptance of constructive feedback.
  - b. I shall welcome feedback as a positive development in my personal education.
  - c. I shall recognize my own faults and avoid finding fault in others.
  - d. I shall ignore all feedback that is presented from a negative place.
4. We will respect the process and have trust in those we work with.
  - a. I shall be patient and have confidence in the artistic process.
  - b. I shall avoid any activity that could interrupt a rehearsal or production.
  - c. I shall not alter any part of the production without permission from the director.
  - d. I shall not do anything that might disrupt the illusion of the play for the audience.
5. We will show kindness and respect to all those we work with.
  - a. I shall speak in kind words, listen carefully and serve as a positive role model.
  - b. I shall respect the rules of the space where I work and will keep it clean and orderly.
  - c. I shall use stage set pieces, properties and costumes with care.
  - d. I shall make choices that assure theatre arts will stand as a more positive and welcoming environment thanks to my participation.

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Student Signature

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Today's Date

## MEDICAL INFORMATION

Complete top half of page only if there is a potential medical concern.

Student: <i>(last)</i> _____ <i>(first)</i> _____	Parent: <i>(last)</i> _____ <i>(first)</i> _____
Explain the student health condition: (examples: diabetes, severe allergies, epilepsy, severe asthma, or cardiac/heart conditions)	
Explain any health condition or behavioral / emotional challenges that may impact your student. This can help us create a successful experience.	
Please list any medication / allergen / treatment information we should monitor:	

I, the undersigned parent/guardian of the student, acknowledge the possibility that participation in after school activities could result in physical injury to the registrant. I hereby release, discharge and agree to hold harmless New Globe, KiMS PTSA and its volunteers from any and all claims related to the registrant's participation. I further authorize New Globe and KiMS 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: \_\_\_\_\_

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## PTSA MEMBERSHIP

Complete bottom half of page if you are not currently a KiMS PTSA member.

Director will remove this lower portion and route to PTSA Membership for processing.

Student(s) Name(s): \_\_\_\_\_

Parent(s) or Guardian(s)	Email address

My company will match my donation. I will apply for matching funds online through my company's website.

Company Name: \_\_\_\_\_

PTSA memberships and BIG GIVE donation	Quantity	Fee	Total
Family membership (includes up to 2 adults)		× \$25 =	\$
Individual adult memberships		× \$15 =	\$
"The Big Give" Donation (Optional)			\$
		<b>Total</b>	\$

Please make checks payable to **KiMS PTSA**, attach to the form and return to the school office.

**THANK YOU!** Questions? Contact us at [membership@kirklandptsa.org](mailto:membership@kirklandptsa.org)

**Tax Deductions:** The KMS PTSA is a 501(c)(3) organization and your donation is tax-deductible as provided by law.