



Panther Playhouse is Kirkland Middle School's student theatre group and we thank you for considering taking part in their original musical adaptation of Twelfth Night. The students create as many elements of our annual Shakespeare productions as possible and, we hope, have an extraordinary experience that they will cherish.

1. This first page is yours to keep and includes a schedule on the back.
2. Turn in remainder of packet to KiMS office.
3. Guardian must attend parent meeting on Mon Mar 25 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: <http://parent.pantherplayhouse.org>
4. Turn in check for \$100 (\$50 for crew) made out to "KiMS PTSA" at the parent meeting.
 - a. The fee will not be a barrier to any student that wants to participate.
 - i. Contact me for a reduced fee / scholarship if that is needed.
 - b. Refunds cannot be issued after the auditions.
 - c. We ask for a shirt size since all participants will receive a production t-shirt.
5. Actor must prepare a memorized monologue for their audition slot.
 - a. Monologues should be under two minutes in length.
 - b. Monologues and Audition Tips: <http://audition.pantherplayhouse.org>
 - c. Actors may reach out to me directly if they have questions or need assistance.
 - d. Actors will receive their role at our first reading rehearsal on Wed April 3.
6. Please note the schedule for rehearsal dates and student requirements.
 - a. I happily work around conflicts, including emergency ones - just communicate them.
 - b. "MANDATORY" dates are mandatory - including the performances.
 - c. Note your known conflicts on the schedule on "RETURN TO OFFICE" page.
 - d. Each week I will notify you which rehearsals the actors are called for.
 - e. All students must read and sign the "Commitment to Success" page.
7. Second half of final page is a PTSA Membership form.
 - a. We highly recommend all families involved in Panther Playhouse be KiMS 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
director@pantherplayhouse.org - (425) 223-3298

Mae Lewis
producer@pantherplayhouse.org - (203) 434-5780

NOTE ANY CONFLICTS ON CALENDAR BELOW
 Required: Parent Meeting - Mon Mar 25 at 7pm

Twelfth Night (or What You Will)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 MAR	1 3:15 - 6:00 SET AT PARENT MTG AUDITION	2 3:15 - 6:00 MANDATORY CALL BACKS	3 1:45 - 5:00 MANDATORY FIRST READ-THRU	4 3:15 - 6:00	5	6 66 Hours
7 APR	8 NO SCHOOL SPRING BREAK	9 NO SCHOOL SPRING BREAK	10 NO SCHOOL SPRING BREAK	11 NO SCHOOL SPRING BREAK	12 NO SCHOOL SPRING BREAK	13
14 APR	15 3:15 - 5:15 MANDATORY CREW REHEARSAL	16 3:15 - 6:00	17 1:45 - 5:00	18 3:15 - 6:00	19 3:15 - 6:00	20
21 APR	22 3:15 - 6:00	23 3:15 - 6:00	24 1:45 - 5:00	25 3:15 - 6:00	26 3:15 - 6:00	27
28 APR	29 3:15 - 6:00	30 3:15 - 6:00	1 1:45 - 5:00	2 3:15 - 6:00	3 3:15 - 6:00	4
5 MAY	6 3:15 - 6:00	7 3:15 - 6:00	8 1:45 - 5:00	9 3:15 - 6:00	10 3:15 - 6:00	11
12 MAY	13 3:15 - 6:00 MANDATORY TECH - FIRST HALF TECH WEEK	14 3:15 - 6:00 MANDATORY TECH - SECOND HALF TECH WEEK	15 1:45 - 6:00 MANDATORY DRESS REHEARSAL TECH WEEK	16 3:15 - 6:45 MANDATORY FINAL DRESS TECH WEEK	17 5:30 - 9:00 MANDATORY OPENING NIGHT	18 6:00 - 9:00 MANDATORY CAST PARTY AFTER CLOSING NIGHT

Key for Calendar:

ITALICS MEANS IMPORTANT INFORMATION

THESE ARE DIRECTORS NOTES - IGNORE

TYPE OF REHEARSAL OR LOCATION INFO



RETURN TO OFFICE

FALL MUSICAL
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 director@pantherplayhouse.org / 425-223-3298

Full Name (First Last):		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Role:	<input type="checkbox"/> Actor (\$100) <input type="checkbox"/> Crew (\$50)	Scholarship:	<input type="checkbox"/> Request Fee Reduction
Grade:	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other:	School:	<input type="checkbox"/> KiMS Other:
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:	Youth: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large Adult: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Acting/Crew Experience:	
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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

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

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:			

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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 give this production, no matter what my role, my full effort and enthusiasm.
 - b. I shall focus all my energy on the production during rehearsals and performances.
 - c. I shall never do anything that could be unsafe to me or others.
 - d. I shall have fun and never lose my passion.
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.

Student Signature

Today's Date

MEDICAL INFORMATION

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

Student Full Name:		Parent Full Name:	
List Any Food Allergies:			
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:			

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, KiMS PTSA and its volunteers from any and all claims related to 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: _____

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)			\$
			Total
			\$

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

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