layhouse

Panther Playhouse is Kirkland Middle School's after school student theatre group and we thank you for considering taking part in an original adaptation of The Tempest. We hope to make this 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.
a. Upon our receipt of your form you will be emailed a link to sign up actors for an audition slot.
3. Guardian must attend parent meeting on Mon Apr 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 an audition time slot, 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. There is a checkbox on the form to request a scholarship for a student..
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 on Mon May 4.
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 May 6.
6. Please note the schedule for rehearsal dates and student requirements.
a. We 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 we 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.
Required: Parent Meeting - Mon Apr 27 at 7pm

Key for Calendar: $\quad$ ITALICS MEANS IMPORTANT INFORMATION $\quad$ THESE ARE DIRECTORS NOTES - IGNORE

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: $\square$ Female $\square$ Male |
| ---: | :--- | :--- | :--- |
| School: | $\square$ KiMS $\square$ Other: | Grade: $\square 6 \quad \square 7 \quad \square 8$ |
| Student Email Address: |  |  |
| Shirt Size: | Youth: $\square$ Small $\square$ Med $\square$ Large | Adult: $\square$ Small $\square$ Med $\square$ Large $\square \mathrm{XL} \square \mathrm{XXL}$ |

Acting/Crew Experience:

Vocal Training / Choir:
Dance / Gymnastics:
Musical Instrument:


Critical Question: If it was raining tacos, would you eat one?
Please list any additional information you would like to share with the director:

| Participation Type: | $\square$ Actor (\$100) $\square$ Crew (\$50) Scholarship: $\square$ Request Fee Reduction Pay at http://pay.pantherplayhouse.org/ or submit check made out to: KiMS PTSA |
| :---: | :---: |
| Parent/Guardian Name: | Phone Number: |
| Email: |  |
| Parent/Guardian Name: | Phone Number: |
| Email: |  |

Required: Parent Meeting - Mon Apr 27 at 7pm


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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.
[^1]Today's Date

## MEDICAL INFORMATION

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

| Student 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: $\qquad$ Date: $\qquad$

## PTSA MEMBERSHIP

Only complete if you are not currently a KiMS PTSA member. Include check to "KiMS PTSA" for payment.
Director will remove this lower portion and route to PTSA Membership for processing.
Student(s) Name(s): $\qquad$
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: $\qquad$

| PTSA memberships and BIG GIVE donation | Quantity | Fee | Total |
| :---: | :---: | :---: | :---: |
| Family membership (includes up to 2 adults) |  | $\times$ \$25 = | \$ |
| Individual adult memberships |  | $\times$ \$15 = | \$ |
| "The Big Give" Donation (Optional) |  |  | \$ |
| Please make checks payable to KiMS PTSA, attach to the form and return to the school office. |  | Total | \$ |

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.


[^0]:    TYPE OF REHEARSAL OR LOCATION INFO

[^1]:    Student Signature

