

Application for the **New Jersey State Thespians Student Board of Directors**

Please make a copy for each applicant.

DEADLINE: Present completed applications at the festival State Board table by 2:00 p.m. on Sunday, January 15.

Student Name _____ Graduation Date: _____

School Name _____ Troupe # _____

Student's Address _____

Student's Phone # _____ Email _____

Director _____

Director's Phone # _____ Email _____

NOTE: The applicant will be required to attend an interview and dinner with the members of the current State Board of Directors on Tuesday, May 2, 2017, at 4:00 p.m., at Toms River High School North, Toms River, NJ. The applicant MUST be present for this interview.

1. At the interview the applicant MUST submit a resume of work done for his/her Thespian troupe. This should include performance, technical, business management, directing/mentoring, service to the troupe, etc.
2. For the interview the applicant must be prepared to discuss what s/he could contribute to the State Thespian Board of Directors.

All students currently on the board, and not graduating this year, MUST re-apply to continue on the board.

All Board members must attend the one-day retreat on Tuesday, August 22, 2017, 8:00 a.m. to 4:00 p.m. at Toms River H.S. North.

NOTE: All student Board members must be accompanied by their teacher/director or parent at all meetings.

(Four meetings and one mandatory summer retreat [August 22])

DIRECTORS: Read and sign the following:

I understand I or his/her parent must accompany this student, if appointed to the State Board of Directors.

Director's Signature

MORE APPLICATIONS WILL BE AVAILABLE AT THE FESTIVAL STATE BOARD TABLE.

Directors: We are in great need of more adult involvement. We would appreciate your help as an active member of the State Board of Directors. If you have a desire to help us, please complete and submit the following "New Jersey State Thespians Adult Board Application."

Application for the New Jersey State Thespians Adult Board of Directors
Please make a copy for each applicant.

Troupe Director's Name _____

School Name _____ Troupe # _____

Troupe Director's Address _____

Troupe Director's Phone # _____

Email _____

How long have you been a troupe director? _____

We meet once in the summer for a one-day retreat (August 22, 2017 at Toms River HS North), and one evening each of the following months: September or October, December or January, February, and May (dates determined at August meeting.).

Would you be able to attend the meetings? (Circle one:) Yes No

Circle the committee you would like to serve on:

- | | |
|----------------------|--------------|
| Vendors/College Reps | Registration |
| Judges | Scheduling |
| Workshops | Sales |
| Awards | |

Thank you for your application!
MORE APPLICATIONS WILL BE AVAILABLE AT THE TROUPE
DIRECTORS' LUNCHEON ON SUNDAY, JANUARY 15.

REGISTRATION FORM

School:

Phone:

Fax:

Address:

City:

State:

Zip:

Troupe Number:

School District:

Director's Name:

Home Phone:

Cell Phone:

Email:

Director Address:

City:

State:

Zip:

Troupe Student President's Name & email address:

Troupe Student Vice President's Name & email address:

Will you be attending: **Saturday only?** _____ **Sunday only?** _____ **Both Days?** _____

Will your troupe be attending the Saturday evening social? **Yes** _____ **No** _____

If so, you will be required to provide one chaperone. (This chaperone may be you, the Director.)

Name of Chaperone: _____

If attending the social, please provide us with your current musical's title and one or two chorus songs from it that your students know choreography for. We will request the DJ to play the songs during the dance social. **FESTIVAL THEME:** Decades Dance—Students are encouraged to dress according to one of the past nine decades. The school with the largest percentage of participants will win a prize.

Your Musical Title:

2 Song Titles from above musical with choreography:

Will your school be staying at the hotel? _____ (See p. 17 for reservation information.)

If you are using our bus shuttle, please state the hotel name: _____

Are you a new troupe? **YES** _____ **NO** _____

Are you attending the awards ceremony on Sunday afternoon? **YES** _____ **NO** _____

If not, who will be attending to receive your awards? _____

(You will be charged shipping fees for any awards that must be mailed to you if you do not have someone receive the awards.)

Did you pay your annual troupe fee to the International Thespian Society? **YES** ___ **NO** ___

(If no, you must fulfill this obligation immediately unless your troupe plans to attend to view performances and go to the workshops, but not participate in the competitions.)

Don't forget: The registration postmark deadline is **December 2, 2016**.

School:

Troupe #:

Director:

Registration Fee Sheet

ANY TROUPES NOT EMAIL REGISTERED BY **December 2, 2016**, WILL NOT RECEIVE THE T-SHIRTS AS IT WILL BE PAST THE ORDERING DATE.

- | | Amount Due |
|---|-------------|
| 1. School Fee: | _(\$75.00)_ |
| New Jersey Thespian School Fee: \$75.00 (Special: This fee is waived for schools attending festival for the first time.) | |
| Non-Thespian or out-of-state school (non-competing): \$100.00 | |
| 2. Number of students listed on Registration Roster: _____ at \$30.00 per student (includes 2017 NJ Thespians theme t-shirt & insurance) = | _____ |
| Number of adults (not including Troupe Director): _____ at \$10.00 per adult= | _____ |
| If any accompanying adults would like a t-shirt, add \$10.00 per shirt and include sizes in the total below. Number of shirts at \$10.00 each: _____ X \$10.00= | _____ |
| List # of TOTAL Shirt Sizes: _____ S, _____ M, _____ L, _____ XL, _____ XXL | |
| 3. Every student entry (single, pair, or group) for each event requires a \$5.00 judging fee. # of entries _____ X \$5.00 = | _____ |
| 5. Chapter Select play being judged for National Thespian Festival fee of \$25.00 | _____ |
| 6. Late registration: NO EXTRA FEE, BUT WILL NOT RECEIVE T-SHIRTS (pending Chapter Select slot availability) (DEADLINE: emailed by December 2, 2016) | |
| 7. Scholarship Fee (Seniors Only) (Non-refundable) # of entries (up to 5 in each of 3 categories): _____ X \$15.00 each = | _____ |
| 8. Change fee: # of changes _____ X \$5.00 = (to be paid at registration table) | _____ |
| 9. Bus Fee (if you will be using the hired bus to/from the hotel) \$6.00 X each student = | _____ |
| Note: If you are using the bus to/from the hotel, you must attach to this form a copy of your school's insurance to cover your students in the event of an accident. | |

TOTAL: _____

Please acknowledge the above fee total with your **Administrator/Supervisor's Signature** _____

Send packet via email to Valerie Gargus at vlgargus@gmail.com

Make checks payable to **NJ State Thespians** and mail to Valerie Gargus, 330 Larch Rd., Mt. Laurel, NJ 08054

REGISTRATION ROSTER

Please Note: To avoid errors in the schedule booklet, please submit a TYPED roster. Please email this list to vlgargus@gmail.com. Thanks.

School Name:

Director:

Troupe #:

Director's Phone #:

Email:

Deadline for entries: December 2, 2016

For insurance purposes, we are required to have the names of ALL adults (parents, teachers, etc.) accompanying your students to the festival.

ALL ADULTS AND STUDENTS WILL RECEIVE A NAME BADGE AT THE REGISTRATION TABLE. **NO ONE WILL BE ADMITTED TO ANY AREAS OF THE FESTIVAL WITHOUT A NAME BADGE.**

PLEASE TYPE ADULT NAME LIST:

PLEASE TYPE STUDENT NAME LIST "last name, first name" in **alphabetical** order (Add paper if necessary):

Student Form

2017 Chapter Consent and Acceptance form



**NEW JERSEY
THESPIANS™**

Make 2 copies of the 2-page form for EVERY student attending the NJ Thespian Festival. Completed forms **MUST** be turned in when your troupe arrives at registration. (Do not mail them in advance.)

You must bring **TWO** copies of each form. One copy will be turned in at the Registration

Table. The other copy must be folded and inserted into the student's name badge holder in case of an immediate emergency.

The New Jersey Thespian Festival requires that this form be completed in full for each student delegate attending the New Jersey Thespian Festival and signed by a parent or legal guardian. Type or print legibly. Enter Student's name exactly as it appears on registration form. **Return by 1/14/2017.**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER
STREET ADDRESS (Home)			TELEPHONE (Home)	
CITY	STATE		ZIP	
SCHOOL			TROUPE NUMBER	
NAME OF PARENT/GUARDIAN/NEXT OF KIN		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (1)		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (2)		RELATIONSHIP	PHONE NUMBER	
NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT				

ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate)
MEDICATIONS CURRENTLY BEING TAKEN (IF NONE, please indicate)
PAST ILLNESSES OR INFORMATION NECESSARY IN AN EMERGENCY (IF NONE, please indicate)

FAMILY PHYSICIAN	HEALTH INSURANCE COMPANY		
NAME	INSURANCE COMPANY NAME		
PHYSICIAN PHONE NUMBER	POLICY HOLDER NAME		
STREET ADDRESS	POLICY ID#	GROUP/PLAN #	
CITY, STATE, ZIP CODE	INSURANCE COMPANY STREET ADDRESS		
	CITY	STATE	ZIP CODE

PRESCRIPTION INSURANCE	PROVIDER NAME	PROVIDER PHONE NUMBER
Rx GROUP #	Rx BIN #	ID #

I CONSENT TO MEDICAL TREATMENT

The undersigned hereby gives permission and consents to the New Jersey Thespian Festival and its Organizers to provide routine first aid, supervise the self-administration of over-the-counter and prescription medications and to seek medical assistance and/or treatment on behalf of the Delegate in the event that an illness or injury requiring such medical assistance and/or treatment occurs while the Delegate is attending or participating in the New Jersey Thespian Festival. In the event that reasonable attempts to contact the individuals listed above are unsuccessful, the undersigned hereby authorizes and consents to (1) the administration of any treatment deemed necessary by the physician listed below or, if unavailable, such other licensed physician or other healthcare provider as may be available and (2) the transfer of the Delegate to the nearest hospital or other medical facility for emergency medical evaluation, care and treatment. The indemnification in Section I below shall expressly cover any claims related to the actions by the New Jersey Thespian Festival and its Organizers in (1) providing such routine first aid or supervision and (2) seeking such medical evaluation, care and treatment, and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for services.

SIGNATURE OF PARENT/GUARDIAN

DATE

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless the New Jersey Thespian Festival, New Jersey Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in the New Jersey Thespian Festival. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the New Jersey Thespian Festival including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by New Jersey Thespian Festival security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home and no refunds will be granted.

III. PHOTO/VIDEO RELEASE

The undersigned irrevocably consents to being photographed or being recorded by means of video or audio tape recording by the Organizers, or a designated representative of the Organizers. These photographs and/or recordings can be used, without compensation to undersigned and/or the Delegate, in any public display, publication or media, or website, or in any manner or form, and at any time by the Organizers in promotion of the mission to promote the theatrical arts and have theatre arts recognized in all phases of education. The undersigned releases the Organizers, and their employees, agents, representatives, associates, Board of Director members, and consultants from any liability in connection with the use of such photographic, video and/or audio materials.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the New Jersey Thespian Festival or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the New Jersey Thespian Festival or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

V. YOUTH ACTIVITY SAFETY POLICY

The New Jersey Thespian Festival has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Delegate and the Delegate's parent and/or legal guardian have read, understand and agree to be bound by the above provisions, as evidenced by their signatures below:

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF DELEGATE

DATE

Adult Form

2017 Chapter Consent and Acceptance form



Make a copy of the 2-page form for EVERY adult attending the NJ Thespian Festival. Completed forms MUST be turned in when your troupe arrives at registration. (Do not mail them in advance.)

The New Jersey Thespian Festival requires that this form be completed in full for each adult delegate attending New Jersey Thespian Festival and signed by a parent or legal guardian. Type or print legibly. Enter Delegate's name exactly as it appears on registration form. **Return by 1/14/2017.**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER
STREET ADDRESS (Home)			TELEPHONE (Home)	
CITY	STATE		ZIP	
SCHOOL			TROUPE NUMBER	
NAME OF PARENT/GUARDIAN/NEXT OF KIN		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (1)		RELATIONSHIP	PHONE NUMBER	
NAME OF EMERGENCY CONTACT (2)		RELATIONSHIP	PHONE NUMBER	
NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT				

I CONSENT TO A BACKGROUND CHECK (NON-STUDENTS)

I understand my ability to participate in any program involving children as an Educational Theatre Association (EdTA) employee or volunteer may be contingent on the receipt and evaluation of my Background Check.

Failure to provide consent will result in the denial of or termination of my participation in any program involving children.

I understand that EdTA may obtain follow-up Background Checks at any time during my participation in such programs, to the extent permitted by law, unless I revoke this consent in writing. I understand that revocation of this consent may result in the immediate termination of my participation.

I understand that any information obtained from a Background Check may be considered in the course of any current or future engagement, including employment, with EdTA.

I understand that if the Background Check indicates that an outstanding warrant has been issued against me, EdTA will share that information with appropriate law enforcement agencies. I have read and understand all of the information above, and by my signature below, consent to and hereby grant authorization to obtain and release of the background check reports described above to EdTA within the terms of this Statement.

SIGNATURE	DATE
-----------	------

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless the New Jersey Thespian Festival, New Jersey Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in the New Jersey Thespian Festival. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the New Jersey Thespian Festival including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by the New Jersey Thespian Festival security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home and no refunds will be granted.

III. PHOTO/VIDEO RELEASE

The undersigned irrevocably consents to being photographed or being recorded by means of video or audio tape recording by the Organizers, or a designated representative of the Organizers. These photographs and/or recordings can be used, without compensation to undersigned and/or the Delegate, in any public display, publication or media, or website, or in any manner or form, and at any time by the Organizers in promotion of the mission to promote the theatrical arts and have theatre arts recognized in all phases of education. The undersigned releases the Organizers, and their employees, agents, representatives, associates, Board of Director members, and consultants from any liability in connection with the use of such photographic, video and/or audio materials.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the New Jersey Thespian Festival or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the New Jersey Thespian Festival or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

V. YOUTH ACTIVITY SAFETY POLICY

The New Jersey Thespian Festival has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Adult Delegate has read, understands and agrees to be bound by the above provisions, as evidenced by his/her signature below:

SIGNATURE OF DELEGATE

DATE

Troupe # _____

Deadline for entries: December 2, 2016

Individual Events: Performance Solo Categories

(Please send electronically.)

NOTE: A student may be entered in only ONE Monologue category (Single OR Contrasting).

Non-National Single Monologue (any style, under 3 minutes) List as many students as desired. No student may be entered in a category more than once.

National Contrasting Monologues: List as many students as desired— No student may be entered in a category more than once and no student may be listed that is in above Single Monologue category. (Those who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June.)

Musical Theatre Solo: List as many students as desired—No student may be entered in a category more than once. (Those who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June.)

Pantomime—Solos OR Duets—SATURDAY ONLY EVENT (Not a National Event)
List as many students as desired—No student may be entered in a category more than once. A student may do only one pantomime, solo or duet with a partner.

School:

Troupe #

Deadline for entries: December 2, 2016

Individual Events: Performance Paired or Group Categories

(Please send electronically.)

Improvisational Pairs: Limit 3 pairs (Not National event)

1. &
2. &
3. &

Duet Acting—Any Style: List as many student pairs as desired—No student may be entered in a category more than once. (Those who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June.)

Duet Musical Theatre: List as many student pairs as desired—No student may be entered in a category more than once. (Those who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June.)

Group Acting (SATURDAY ONLY EVENT) List as many titles as desired—no student may be in more than one group scene. (Groups who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June. National rules allow substitutions of performers in this category.)

List each play title with its list of cast members (3-16 each):

Group Musical Theatre (SATURDAY ONLY EVENT) List as many titles as desired—no student may be in more than one group musical number. (Groups who receive Superior Ratings in this event qualify to perform for the National Thespian Festival in June. National rules allow substitutions of performers in this category.)

List each song title and play title with its list of cast members (3-16 each):

School: _____ Troupe # _____ Deadline for entries: Dec. 2, 2016

Technical Solo Categories

(Those who receive Superior Ratings in any event on this page qualify to perform for the National Thespian Festival in June.)

Set Design (SATURDAY ONLY EVENT): List as many students as desired—No student may be entered in a category more than once.

Theatre Marketing (SATURDAY ONLY EVENT): List as many students as desired—No student may be entered in a category more than once.

Lighting Design (SATURDAY ONLY EVENT): List as many students as desired— No student may be entered in a category more than once.

Costume Design (SATURDAY ONLY EVENT): List as many students as desired—No student may be entered in a category more than once.

Costume Construction (SATURDAY ONLY EVENT): List as many students as desired—No student may be entered in a category more than once.

Stage Management (SATURDAY ONLY EVENT): List as many students as desired—No student may be entered in a category more than once.

Short Film—(NEW): Upload the Video to—Youtube (DO NOT send a DVD as in years past. We are doing what the National Thespian Festival requires.)

List as many titles of pieces as desired and PROVIDE THE YOUTUBE LINK for each:

Technical Team Categories (Please print or type)

Technical Olympics Team—SATURDAY AFTERNOON ONLY EVENT

(Count whole team as **one** entry on fee sheet.)

1. Stage Manager:
- 2.
- 3.
- 4.
- 5.

Advanced Technical Challenge Team—SATURDAY MORNING ONLY EVENT

(Count whole team as **one** entry on fee sheet. May have 5 or 6 team members.)

1. Stage Manager:
- 2.
- 3.
- 4.
- 5.
- (6).

Make Up Designer & Model—SUNDAY MORNING ONLY EVENT (only two slots) **NOTE:** The model will not be receiving an Accomplished medal; therefore, this event does not count as one of the student's three events for the MODEL ONLY.

- | | |
|--------------|--------|
| 1. Designer: | Model: |
| 2. Designer: | Model: |

Trashy Costumes—SUNDAY AFTERNOON ONLY EVENT (only one slot)

1. _____ & _____

Chapter Select Registration

(Please print or type)

Is this play being judged for the National Thespian Festival? YES _____ NO _____

If you checked YES, please add the \$25.00 fee on the fee sheet, if no, add \$5.00 in the normal judging fee category.

Troupe #

Title:

Author:

Publisher:

I hereby certify that all applicable royalties have been paid to the appropriate publisher.

(Director's Signature)

Schedule preference: **Saturday** _____ **Sunday (limited slots)** _____ **either** _____

(Please understand that if you will be attending both days, every effort will be made to accommodate your choice. However, a large number of schools attending one day only could make it necessary for your troupe to perform on the other day. The program will be emailed to all participating directors one week before the festival to that you can plan accordingly.)

Stage Manager and/or crew:

CHAPTER SELECT CAST

Character

Played by (actor's name)

NJ State Thespian Scholarship Competition Registration #1
Performance Category—Saturday only event

\$15.00 Entry fee per person

Five (5) student maximum entry per school

Make a copy of this sheet for each entering student.

Deadline for entries: December 2, 2016

Please print or type:

Troupe Director:

School:

Address:

City/State/Zip:

Phone:

Email:

Principal's Name:

Student Name:

Address:

City/State/Zip:

Cell Phone:

Email:

Parent Home or Cell Phone:

NJ State Thespian Scholarship Competition Registration #2
Technical Category—Saturday only event

\$15.00 Entry fee per person

Five (5) student maximum entry per school

Make a copy of this sheet for each entering student.

Deadline for entries: December 2, 2016

Please print or type:

Troupe Director:

School:

Address:

City/State/Zip:

Phone:

Email:

Principal's Name:

Student Name:

Address:

City/State/Zip:

Cell Phone:

Email:

Parent Home or Cell Phone:

NJ State Thespian Scholarship Competition Registration #3
Arts Advocacy Category—Saturday only event

\$15.00 Entry fee per person

Five (5) student maximum entry per school

Make a copy of this sheet for each entering student.

Deadline for entries: December 2, 2016

Please print or type:

Troupe Director:

School:

Address:

City/State/Zip:

Phone:

Email:

Principal's Name:

Student Name:

Address:

City/State/Zip:

Cell Phone:

Email:

Parent Home or Cell Phone:

Honor Troupe Application, p. 1 of 3

Explanation: New Jersey Thespians has created the “New Jersey Thespian Honor Troupe” program to recognize those troupes that do tremendous work in their school and community and achieve a high level of excellence, both on and off stage.

The Process: The application process includes submission of a portfolio ("brag book") about the positive impact your troupe is making. Each troupe must provide one student to present this portfolio and explain its contents at the festival. Each troupe is responsible for submitting a portfolio (an organized scrapbook containing evidence of involvement through pictures, newspaper clippings, minutes of Thespian meetings, correspondence, etc.) Proof of accomplishment needs to be included in the notebook. The year runs from conference to conference (i.e. January 2016- January 2017) ***The book must be in the order listed below.***

Awards: Honor Troupe Awards will be divided into three categories: bronze, silver, and gold. Any school that meets the criteria, completes the necessary paperwork, and successfully participates in an interview session at the state conference may earn an Honor Troupe Award. Any number of troupes may be honored in each category. A certificate will be given to each school.

Please remember... You are **not** in competition with other Thespian Troupes! Our hope is that each troupe will be appropriately challenged by the criteria.

This year we will be giving special awards for Best Visual Presentation and for Best Oral Presentation. There will also be Accolades for High Community Engagement.

SCHOOL NAME		TROUPE NUMBER	
TROUPE DIRECTOR		PRESENTER'S NAME (Does NOT count toward the student's three event maximum.)	
SCHOOL ADDRESS (Street, City, State, Zip)		CELL PHONE NUMBER	
EMAIL ADDRESS		PRINCIPAL'S NAME	

For examples in the following categories, please visit our website. We have posted a detailed suggestion list there for your reference.

*Items that you list cannot count twice, meaning that if you have a touring production of *Charlotte's Web*, you cannot count it as a Theatre Production and Theatre Outreach. It cannot be counted in more than one category.*

All evidence is suggested. You can include whatever items that you want which prove your involvement.

Honor Troupe Application, p. 2 of 3

Theatre Production (ex. Hairspray, Night of Thespians, etc.) Evidence can include programs, posters, tickets, renderings, and/or photos.	Description (ex. Full length Production, Thespian Showcase, etc.)
(Please circle) Bronze: 1 production Silver: 2 productions Gold: 3 productions	

Community Service (ex. Red Cross Blood Drive, Broadway Cares, etc.) Evidence can include written descriptions with photographs, letters from service organizations, thank you letters, and/or newspaper articles.	Description (ex. Leading a Community service effort, Beautification project, etc.)
(Please circle) Bronze: 1 project Silver: 2 projects Gold: 3 projects	

Participation (ex. Trip to see Wicked) Evidence can include programs and registrations, plus photos	Description (ex. Thespian Troupe Field Trip)
(Please circle) Bronze: 1 event Silver: 2 events Gold: 3 events	

Thespian and State Theatre Participation (ex. Attended the NJ State Thespian Festival) Evidence can include programs and registrations, plus photos	Description (ex. State Theatre Festival)
(Please circle) Bronze: 1 initiative Silver: 2 initiatives Gold: 3 initiatives	

Honor Troupe Application, p. 3 of 3

Theatre Outreach (ex. Touring Charlotte's Web to Elementary schools) Evidence can include programs and registrations, plus photos	Description (ex. Touring Production)
(Please circle) Bronze: 1 project Silver: 2 projects Gold: 3 projects	

Accolades (ex. Grant from ETC, Town Achievement, etc.) Evidence can include certificates, congratulatory letters, etc., plus photos	Description (ex. Grant, Award)
(Please circle) Bronze: N/A Silver: 2 awards Gold: 3 awards	

NJ State Thespian Board Evidence of a name and a photo or information from the website	Description (ex. STO or Adult Board Member)
(Please circle) Bronze: N/A Silver: 1 person Gold: 2 people (or more)	

Thespian Standards **must complete ALL to be considered
Evidence can include copies of records, attendance, induction records, photos of ceremony, etc.
Host Official Thespian Induction
Thespian Point System
Conduct Regular Meetings where attendance is taken

Tallying: For each Bronze you get 1 point, for each Silver you get 2 points, and for each Gold you get 3 points.

Your Total: _____

Bronze: 15-15 points

Silver: 16-18 points

Gold: 19-21 points

SECURITY RULES AND REGULATIONS

Note to Director: Please make copies, distribute and review these rules with each delegate. They will be enforced!

1. Alcohol/Tobacco/Drugs/E-cigarette/Vapors: Students consuming drugs, tobacco or alcohol, or found to be under the influence of these substances at any time during the festival will be sent home and disqualified, on the FIRST violation.
2. Dress Code: Proper attire, including shoes, must be worn at all times during the festival. Delegates are encouraged to wear comfortable clothes for workshop activities and to dress appropriately for theatre attendance. No gang apparel is allowed. Black clothing is required for all presentations except Chapter Select.
3. Students must respect the Robbinsville HS facilities. Defacing, damaging, or leaving an area in disarray is strictly forbidden. If anything is damaged, please notify a festival official immediately. Any student(s) who break these rules will be disqualified from ALL events and the troupe may be fined for damages.
4. Host Regulations: Food/drinks are prohibited in the theatre at all times! Beverage/food containers must be placed in proper trash receptacles. **No food ordered from outside restaurants is permitted!**
5. Behavior: Students are expected to behave properly at all times. Rudeness in gesture and/or language will not be tolerated. Be a Great Audience at all times. Do not walk in or out of a performance or workshop. No whispering or catcalls during performances. Treat those onstage with the same respect you would want if you were in their place. Acknowledge his or her efforts after every show and workshop.
5. Do not leave the Robbinsville HS campus. Do not go to campus areas that are not being used for the festival. **Do not enter empty, unsupervised rooms that are not being used for the festival!**
6. Name Badges, distributed at the registration table, will be required to be worn to enter any area of the festival. You will not be allowed to compete in any event or go to any workshops without your name badge. If you lose your badge during the festival, report to the registration table.