**AUDIENCE OF ONE PRODUCTIONS**

**& Capitol Theatre present:**

**MUSICAL THEATRE MASTERCLASS: SHOWSTOPPERS**

**“Collaborating in the arts is the greatest testament of God’s amazing ability… to create unique and beautifully complex beings, who just by breathing…make His heart soar” Angie dee**

**Gold and Silver Class COMBINED (6-15) $225 Tuition**

Each Student will learn:

* Learn and Perform Two Ensemble Numbers from Frozen Jr. and Beetlejuice Jr. and earn a solo in the showcase.
* Acting and Choreography taught by Angie Dee, Vocals taught by Rachel Vanatta, Braden Miller and Choreography by Xandria Cross.

OR OPTION #2

**MONDAYS ONLY MASTERCLASS $150**

All students will learn Acting: How to develop your character through backstory, motivation, moment before. Each student will participate in a **Mock Audition and get valuable feedback to help them grow. Beginning students will be empowered to know how to audition with confidence.**

You will do course book preparations before each class to: Choose 32 bar cut of Broadway style song, Have a polished audition, How to work in your character development, intent, motivation and the moment before. The 3 Techniques of Acting: Audition - Rehearsal – Performance **Vocalization:** Rate, Inflection, Pitch, Dynamics will be covered in both dialogue and Ensemble musical number.

Each Group will be performing **SHOWSTOPPERS** on the main stage of the breathtaking Capitol Theatre.

You will do course book preparations before each class: Learn all the components to being a triple threat. Your child will have the opportunity to learn audition skills and the foundational tools to build confidence as they grow, how to develop character and prepare for roles. Solo Acts are chosen from auditions but everyone will perform in a Broadway Musical Showcase ending in our big Musical Theatre Showstopping Ensemble Number!

**Secure your spot today! Send in Payment with application form and waiver**

Please email this application and Liability Waiver to mtshowstoppers@gmail.com

***Two ways to pay:***

Venmo: Angie Dee @AudienceofOneProductions

Bring Check first day of class made payable to:

Audience of One Productions Inc.

1702 Country Haven Ct.

Mt. Juliet, Tn. 37122

**Check List:**

1. **Filled out and emailed Application**
2. **Signed and emailed Liability Waiver**
3. **Made Payment via Venmo** (if mailing please send email letting us know the check is in the mail)

**Please email both forms in one email to** **mtshowstoppers@gmail.com**

**Subject: Showstoppers GOLD AND SILVER**

**OR**

**Showstoppers Monday only Class**

**Musical Theatre Showstoppers**

PLEASE PRINT CLEARLY FILL OUT ONE APPLICATION FOR EACH STUDENT

***Your spot in masterclass is not secure until this form, liability waiver and payment are sent.***

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Parent/Guardian if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip

Email Address/es: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PRINT CLEARLY Your confirmation will be sent via email the email/ emails listed here**

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals for taking this class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHOOSE ONE PLEASE:**

\*I would like to perform a monologue in the audition class\_\_\_\_\_\_\_\_ (and learn ensemble number with group)

\*I would like to perform a 32 bar song in the audition class (vocal) \_\_\_\_\_ (send tracks in by Jan. 11th)

 {If you need help converting a track from Youtube Karaoke to MP3 we are happy to help}

Song Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tracks in a MP3 format only please

**Tuition is $325 (discounted to $225)**

**Mail Payments via check to: or Venmo: Angie Dee @AudienceofOneProductions**

Audience of One Productions Inc.

1702 Country Haven Ct.

Mt. Juliet, Tn. 37122

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 **LIABILITY WAIVER FORM**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) ( if under 18 )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_

Special Health Care Needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special learning/Developmental Needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurer & Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* READ CAREFULLY BEFORE SIGNING \*\*\***

**RELEASE AND WAIVER:** The undersigned understands that participation in Audience of One Educational programs at Capitol Theatre will expose students to activities and equipment which can cause accidents and injuries, and that Students will not be supervised outside of class time. The undersigned acknowledges receipt of the “Conditions of Participation” and agrees to abide by the requirements contained therein. In consideration of Student’s acceptance into AOO Educational Programs, that the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Capitol Theatre, its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above named student resulting from participation in any class, program, play or other activity either at Capitol Theatre or at another location, including any damage, loss or injury resulting from failure to abide by the “Conditions of Participation.” With a child’s registration in classes, parent/guardian grants permission to take pictures and recordings of class/performances for publicity and promotional purposes (website, publications, etc.).

**HEALTH CARE AUTHORIZATION:** The undersigned hereby authorizes Audience of One employees to do any acts which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s) he is responsible for all costs and expense of such medical treatment. I understand and concede to any risks associated with COVID19 and agree to rehearse and perform without holding AOO or Capitol Theatre liable.

I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE AUDIENCE OF ONE PRODUCTIONS AND CAPITOL THEATRE AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.

Student (if over 18) Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audience of One will keep this form on file throughout a student’s enrollment in AOO Educational Programs

Please notify the staff of any changes to the above information. Thank you.