



Broadway Rising Star Application

July 16-18, 2009

Printing or Typing, Please Complete All Blanks & Check Appropriate Areas

STUDENT INFORMATION

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

YEAR OF GRADUATION _____ GENDER M F AGE ON 7/16/09 _____

STUDENT E-MAIL _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE (____) _____ CELL (____) _____

PARENT/GUARDIAN E-MAIL _____

SCHOOL INFORMATION

SCHOOL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DIRECTOR'S or VOCAL COACH'S NAME _____

DIRECTOR'S E-MAIL _____

PARTICIPANT ENTRY

Solo Vocalist

Solo Vocalist / Instrumentalist

Instrument _____

Is this an original selection? YES NO

COMMITMENT INFO (Box must be checked)

If selected, I and my guardian (if under 18) understand that the following obligations must be met:

- Participant fee remitted by due dates based on itinerary package.
- A guardian (if under 18) must travel with and stay with student for the duration of the festival activities.
- Fees and arrangements for own transportation to and from New York, NY.
- Minimum Time Commitment from the morning of July 16, 2009 to the evening of July 18, 2009.

PACKAGE SELECTION				PAYMENT	
<input type="checkbox"/> Participant Package	<input type="checkbox"/> Family/Friend Package	<input type="checkbox"/> Limited Package	Total Attendees (including Participant)	<input type="checkbox"/> Non-refundable processing fee of \$15 (check or money order only) enclosed with application; payable to MUSIC FESTIVALS (Upon acceptance, package plan payments can also be made by VISA & MasterCard if desired.)	
_____ 1 _____	+ _____ (#) _____	+ _____ (#) _____	= _____		
How did you hear about us? <i>(Check all that apply)</i>		<input type="checkbox"/> Broadway Rising Star Brochure	<input type="checkbox"/> Music Festivals Website or Eblast	<input type="checkbox"/> Competed in 2007 or 2008 Rising Star	
				<input type="checkbox"/> My Choral Director or Vocal Teacher Recommended Me	

Applicant: I agree that the selection and decision by Music Tours Unlimited, Inc., / dba MUSIC FESTIVALS and the Broadway Rising Star Competition Adjudication Panel and its agents is final, and I agree to comply with all rules and regulations governing my participation and conduct as a member of the Broadway Rising Star Competition. I do not have a pending or signed contract with a recording label or firm, current development deal, or representation / manager. _____ (Student Signature)

Parent/Guardian: I hereby give permission for _____ to apply, and participate in the **2009 Broadway Rising Star Competition in New York, NY held July 16-18, 2009**. I understand that Geshwin Theatre, Nederlander Theatre, producers of Wicked Broadway, Music Tours Unlimited, Inc., / dba MUSIC FESTIVALS (here forward) its officers, directors, agents and employees shall not be nor later become liable or responsible in any way in conjunction with the services they provide, or for any death, injury, damage, delay or irregularity which may occur to the participant while participating in this MUSIC FESTIVALS' sponsored event, unless caused by the gross negligence or willful misconduct of MUSIC FESTIVALS. We hereby irrevocably grant to MUSIC FESTIVALS, its agents, licensees, and assigns, the right to use in any and all media and in any and all forms this applicant's name, likeness, photographic prints and any reproduction of their sounds, performance or appearance while participating in the Broadway Rising Star Competition or Wicked performance events, for any purpose including promotion, advertising or otherwise. With the use of the rights, we hereby release MUSIC FESTIVALS and its agents, licensees and assigns from all claims, liabilities, and or damages which now or in the future may arise from such use. I also understand that I will be required to sign a medical release form giving consent for medical treatment if necessary and that all associated medical costs will be my responsibility upon participant's acceptance. In addition, if the applicant endangers himself or others by not following the Code of Conduct, I understand that I will be responsible for any associated costs for damages and/or transportation home.

U.S. Mail to: P.O. Box 4579 *Parent/Guardian's Signature _____
Reading, PA 19606
UPS/FedEX: 3933 Perkiomen Avenue Date _____
Reading, PA 19606

