



2010/2011 TOMMY AWARDS
INTENT TO PARTICIPATE

CONTACT INFORMATION

School Name: _____

Contact Person: _____

Contact Email Address: _____
*Email will be the primary means of communication. Providing an email address is **mandatory**.*

Contact Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Contact Phone: () _____ Cell Phone: () _____

SHOW INFORMATION

Name of Musical: _____

Is this musical selection certain or tentative? (Please highlight one) CERTAIN TENTATIVE

Dates of Musical: _____

Are these dates certain or tentative? (Please highlight one) CERTAIN TENTATIVE

INTENT TO PARTICIPATE

My school intends to participate in Overture Center's 2010/2011 Tommy Awards. I have read the program Rules and Guidelines (listed at overturecenter.com/community/tommy-awards), and I certify that:

1. My school is eligible to participate
2. I understand the application deadlines
3. I am authorized to commit my school to this program
4. I agree to the program Rules and Guidelines
5. I will be the primary contact person for my school
6. I agree to the Teacher/Director Responsibilities

Signature: _____ Date: _____

Return application (mail, email or fax) to:

Tim Sauers
 Program Director
 Overture Center for the Arts
 201 State Street
 Madison, WI 53703
tsauers@overturecenter.com
 Fax: 608.258.4971

If you have any questions about this application or Overture's Tommy Awards program, please contact Tim at 608.258.4420 or tsauers@overturecenter.com.