24 HOUR Theater Project CAST PERMISSION FORM

(This packet must be filled out completely to claim a spot)

* Give to Mrs. Gillis (8th), Mrs. Ohnsorg (6th) or Mrs. Schifsky (7th) ON MONDAY MARCH 24th <u>during lunch</u>*

NAME:	_TEAM:	ADVISORY:
MY SCHOOL EMAIL::		
NAME OF PARENTS/GUARDIANS:		
HOME PHONE:		
PARENT EMAIL:		

WHAT IS THE 24 HOUR THEATER PROJECT: The 24 hour theater project is a one act (60 min) show that we will perform after only 24 hours of rehearsal. This year we will be performing "**Footloose**"

*Make sure you are available!!! You **must be** able to commit to the following times to be part of the OMS 24 hour theater project:

<u>We will be accepting 75 cast members. (25 from each grade, once 25 spots</u> <u>have been filled for each grade then we will start a waiting list)</u>

Thursday March 27th after school in the auditorium 2:45 - 4:15 (Information and jobs assigned)
Singing Days: Wednesdays 4/9, 4/16, 4/23, (Optional)
Friday April 25th: 2:45 pm - 9:00 pm
Saturday April 26th: 9:00 am - 4:30 pm (Bring your own lunch)

PERFORMANCE: Saturday April 26th at 3:00 pm (we will hopefully be done by 4:30 pm)

Please list dance experience of fun tricks that you can do:

Optional cost for the 24 hour show: You can choose to eat dinner with us or bring your own. You can choose to purchase a t-shirt that we will all wear on Friday, May 2nd.

_____ I have attached a **check made out to ISD271** or **cash** to pay for the OMS 24 hour theater project.

Dinner \$15
 T-Shirt \$15

DINNER:

We will be providing pizza, drink, chips and fruit for dinner on Friday May 2nd.

FOOD ALLERGIES (please list any):

_____ My child will be bringing their own home dinner to eat.

T-Shirt Size:

____Youth Large ____Adult Small ____Adult Med. ___Adult Large ____Adult XL ____Adult 2XL