

The **National** High School **Musical**Theatre**Awards**

2017 APPEALS SUBMISSION FORM

Regional Awards Program Name _____

Contact Name _____

Contact Email _____

Contact Phone # _____

QUALIFYING ROLE SUBMISSION

Name of Musical: _____

Character Name: _____

Title of Solo Song: _____

List Act / Scenes in which character appears in spoken dialogue: *(for musicals with book and libretto)*

1.

2.

3.

4.

5.

Scenes in which character appears in sung dialogue: *(for musicals with libretto only)*

1.

2.

3.

4.

5.

APPROVED MUSICAL SUBMISSION

Professional Theatre Opening Date and Location prior to amateur licensing:

Location: _____

Date: _____

Licensing Entity: _____

(e.g. Music Theatre International, Tams-Witmark, Rodgers and Hammerstein)

Please email completed form to RReiner@Broadway.org before May 1, 2017.